

Name  
in  
Full

Blanissa E Anders

CERTIFICATE OF DEATH

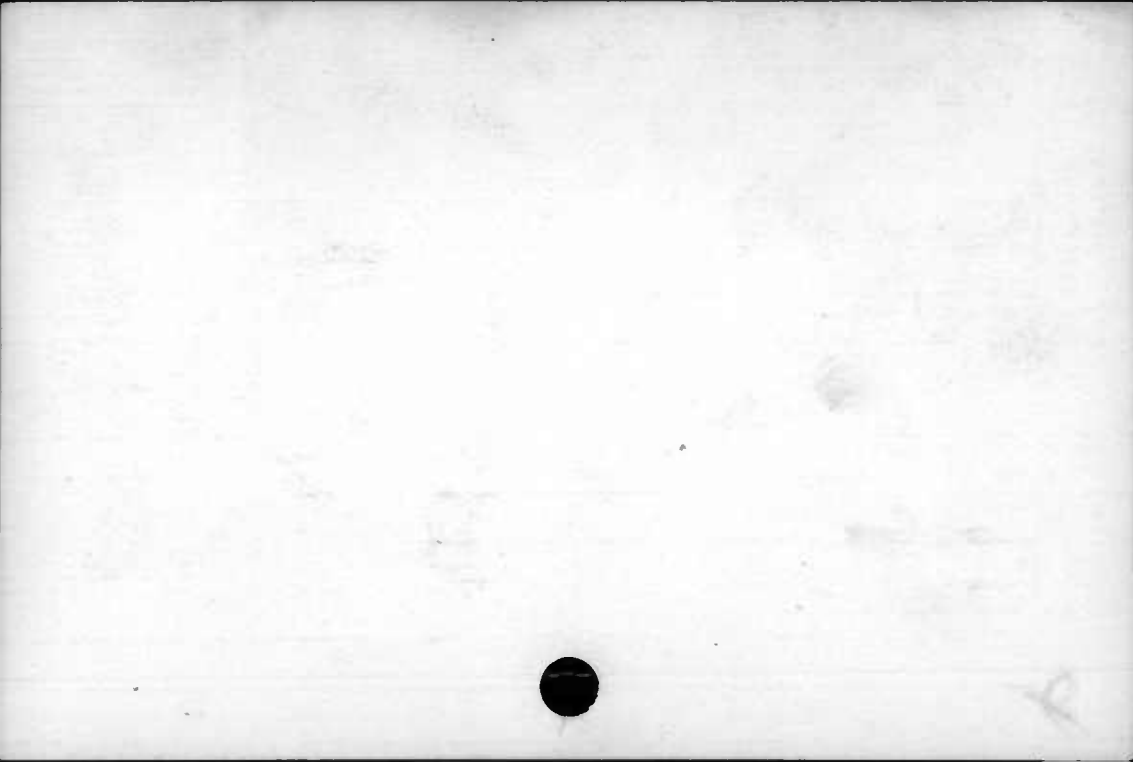
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Troutville</u> <small>Town</small>		<u>Fred. Co.</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Jan</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Walkersville</u>		
Occupation <u>House Wife</u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Itm Anders</u>				
Father's Name <u>Solomon Creager</u>			Father's Birthplace <u></u>		
Mother's Maiden Name <u>Miss Barrick</u>			Mother's Birthplace <u></u>		
Name of person giving information <u>Harry Anders</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gen. Debility</u>	How long <u>3 mrs.</u>
Immediate <u>Cystitis</u>	How long <u>1 wk.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes,</u>	Signature of Physician <u>W. H. Able</u>
	Address <u>Hoodstown, Md.</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

Minerva Ann Anders

## CERTIFICATE OF DEATH

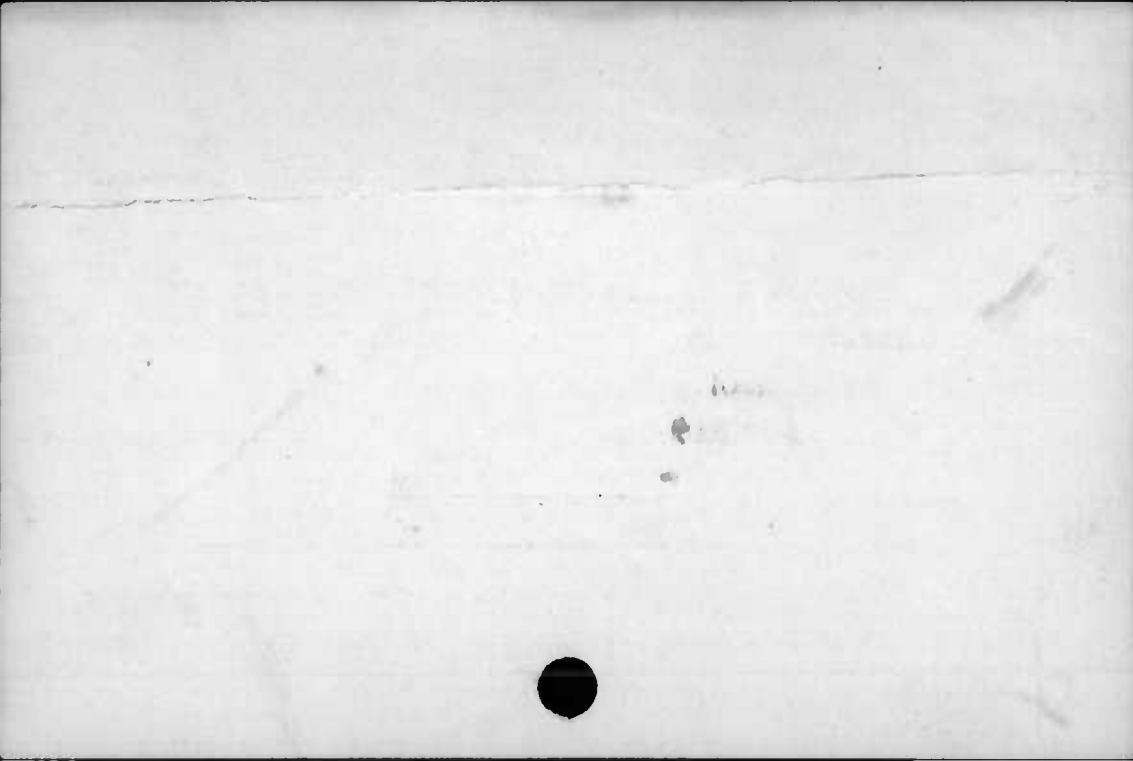
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rocky Ridge</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>July</i> <small>Day</small> <i>21</i> <small>Years</small> <i>73</i>		<i>3</i> <small>Months</small>		<i>5</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Rocky Ridge Md.</i>			
Occupation <i>Retired</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John-William Anders</i>				
Father's Name <i>William Valentine</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Sydia Mehring</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Missouri Trosee</i>	How related to deceased <i>daughter-</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>1 year</i>
Immediate <i>Paralysis</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Diller</i>
	Address <i>Detour, Maryland</i>
Accident or Suicide? <i>/</i>	



Name

in  
Full

Robert Lewis Annan

CERTIFICATE OF DEATH

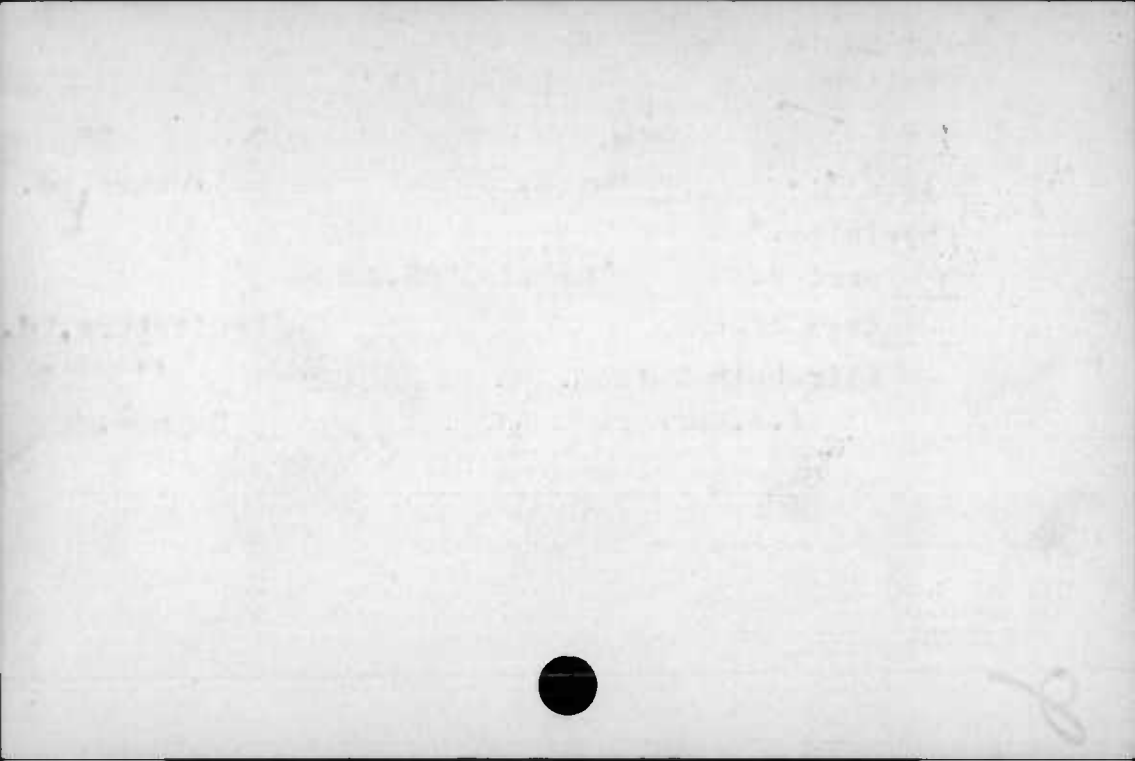
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Emmitsburg,</b>		<b>Frederick</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Jan.</b>	Day <b>14th.</b>	Age <b>75</b>	Months <b>10</b>	Days <b>23</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Emmitsburg, Md.</b>		
Occupation <b>Physician.</b>			Where Residing if not at place of death		
Married, Single or Widowed <b>Married.</b>		Name of Wife or Husband <b>Hessie McN. Annan</b>			
Father's Name <b>Andrew Annan</b>			Father's Birthplace <b>Emmitsburg, Md.</b>		
Mother's Maiden Name <b>Elizabeth Motter.</b>			Mother's Birthplace <b>" "</b>		
Name of person giving information <b>A. A. Horner.</b>			How related to deceased <b>Nephew.</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Heart Failure</b>	How long	<b>19</b>
Immediate	<b>Heart Failure</b>	How long	<b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Michelberger</b>	
		Address <b>Emmitsburg</b>	
Accident or Suicide?			



Name  
in  
Full

Robert Ashby

## CERTIFICATE OF DEATH

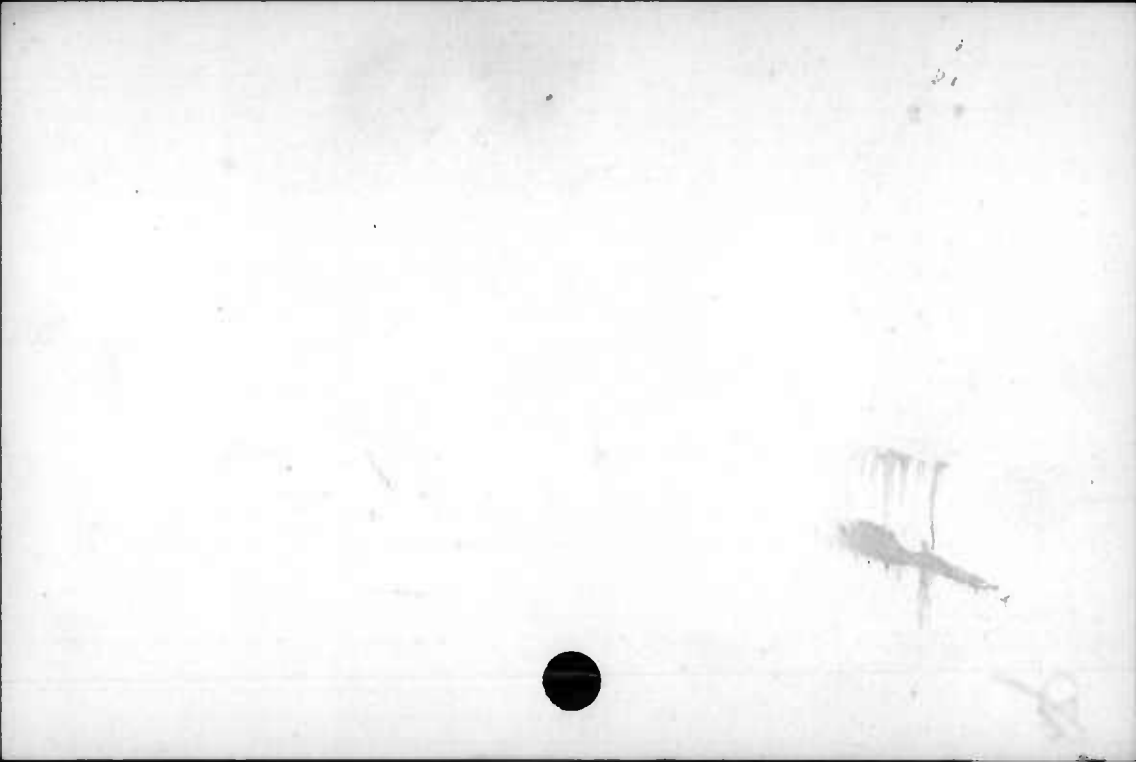
Died at Fredens <sup>Town</sup> Fredens <sup>County</sup> MARYLANDDate of death 1907 <sup>Month</sup> 1 <sup>Day</sup> 21 <sup>Age</sup> 90 <sup>Years</sup> 77 <sup>Months</sup> 77 <sup>Days</sup>Sex Male <sup>Color</sup> Black <sup>Birth-place</sup> VAOccupation Laborer <sup>Where Residing if not at place of death</sup>Married, Yes <sup>Name of Wife</sup> Georgia AshbyFather's Name Unknown <sup>Father's Birthplace</sup> UnknownMother's Maiden Name Unknown <sup>Mother's Birthplace</sup> UnknownName of person giving information Georgia Ashby <sup>How related to deceased</sup> Wife

## CAUSES OF DEATH

Primary Senile Debility <sup>How long</sup> 3 yrsImmediate Exhaustion <sup>How long</sup> 10 daysAre the name, age, sex, color, date and place correctly given above? Y CbSignature of Physician W. A. LongAddress City

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Daniel The Beutz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

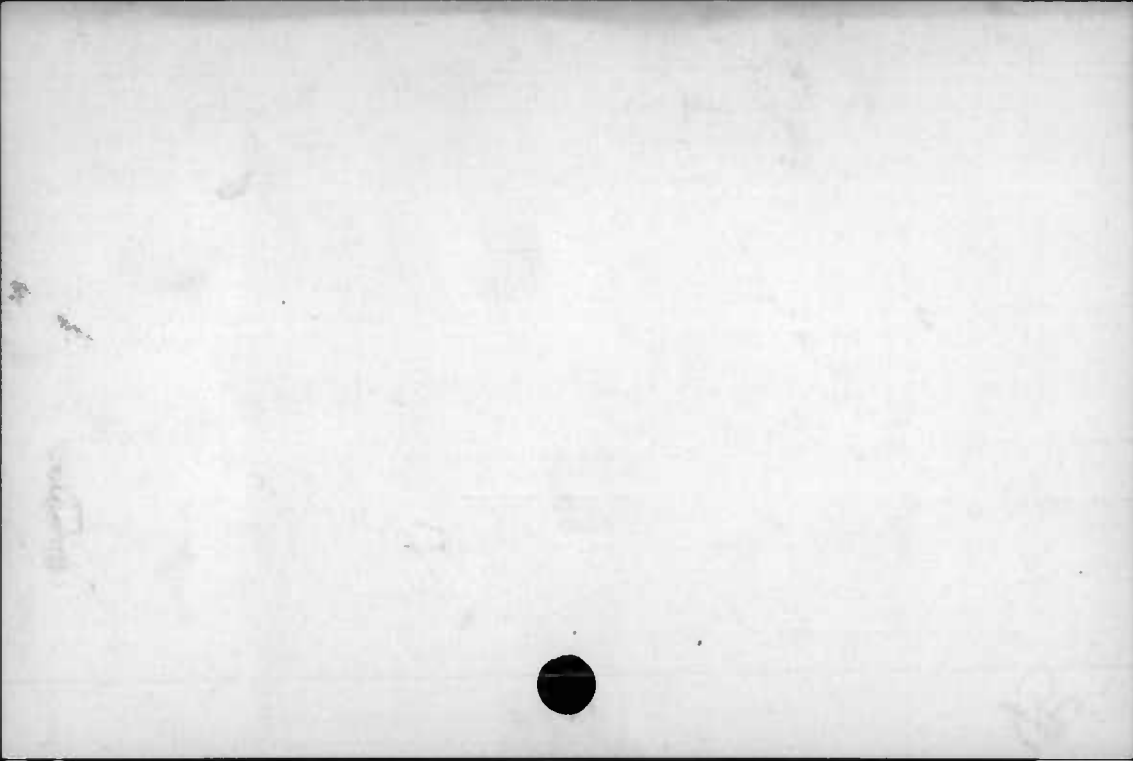
MARYLAND

Died at <i>New Milford</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup>			
Date of death <i>May 10</i> <sup>Month</sup> <i>1914</i> <sup>Year</sup>	Age <i>44</i>	Months <i>2</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Frederick, Md.</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Barnett</i>		
Father's Name <i>Henry Beutz</i>	Father's Birthplace <i>Frederick, Md.</i>		
Mother's Maiden Name <i>Catherine La Grange</i>	Mother's Birthplace <i>Frederick, Md.</i>		
Name of person giving information <i>Annie Beutz</i>	How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes Mellitus</i> <sup>How long</sup> <i>3 yrs</i>	<i>ES</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Diller</i>
	Address <i>Titon, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in Full

William J Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurmont</i> Town			<i>Frederick</i> County			MARYLAND	
Date of death 190	7	Month	1	Day	27	Age	77
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Md</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired</i>				
Name of Wife or Husband <i>Martha Carmack</i>							
Father's Name <i>Henry Black</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mrs Lott</i>			Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>E E Black</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>General Debility</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	Address <i>James R. Waters M.D.</i>
Accident or Suicide?	



Name  
in  
Full

(Illegitimate child of [unclear] name) Brown

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Knoxville

<sup>County</sup> Frederick

Date of death 1907

Month Jan

Day 21

Age

Years

Months

Days 13

Sex Female

Color or Race

Black

Birthplace

md

Occupation

—

Where Residing If not at place of death

—

Married, Single or Widowed

—

Name of Wife or Husband

—

Father's Name

Joseph Thomas Brown

Father's Birthplace

md

Mother's Maiden Name

Maggie M. Johnson

Mother's Birthplace

ms

Name of person giving information

Yvonne Johnson

How related to deceased

Grand father

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Infection

How long

13 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Lin [unclear]

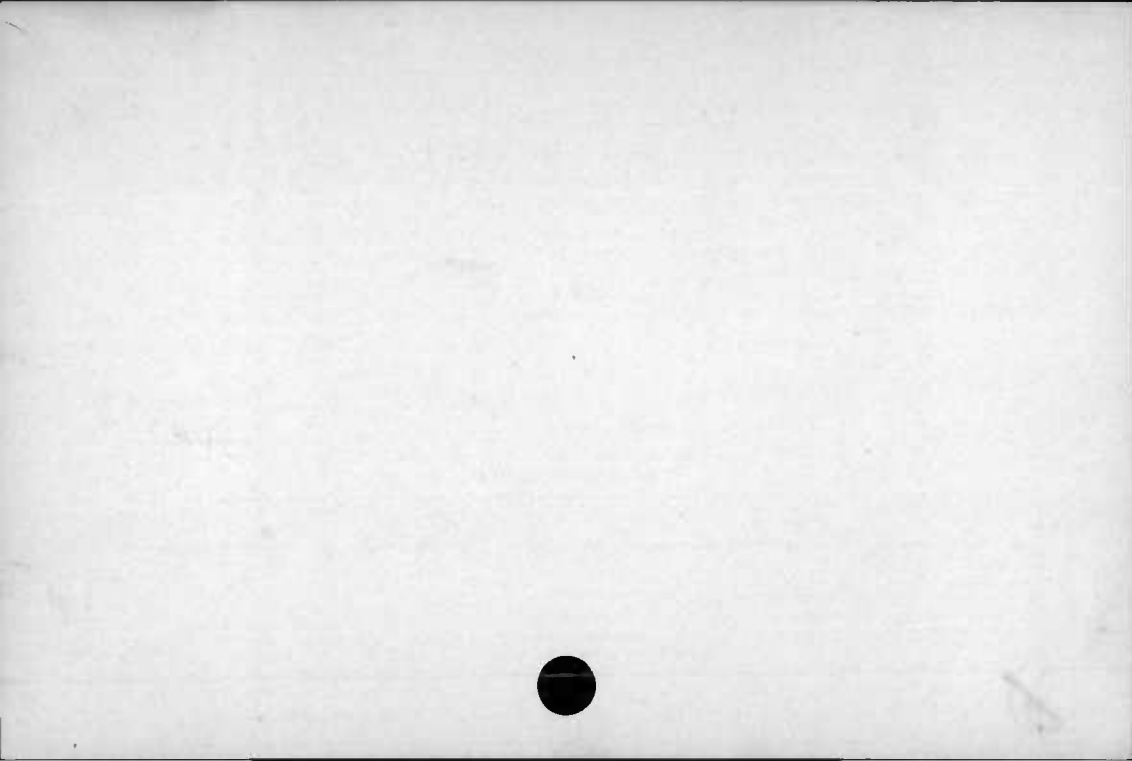
Address

13 [unclear] md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

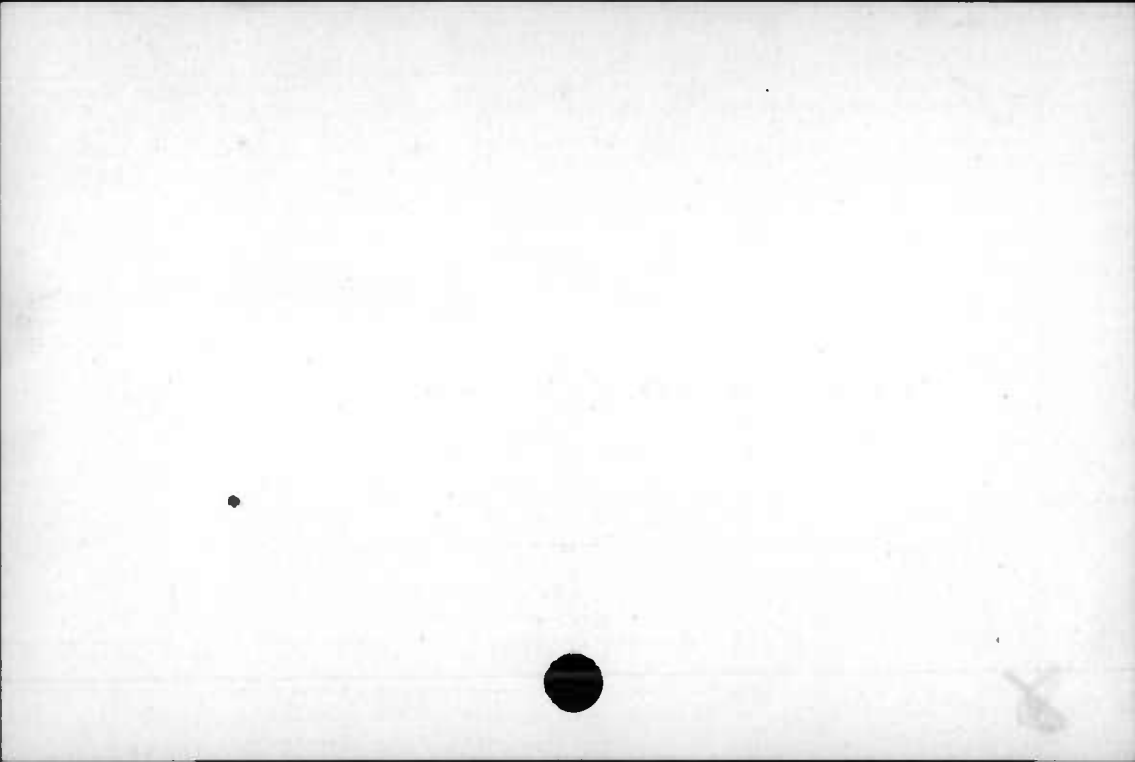
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mary Brown*  
Died at *Burrkittsville* <sup>Town</sup> *Fredrick* <sup>County</sup>Date of death *1907* Month *Jan* Day *19* Age *69* Years Months *6* Days *16*Sex *Female* Color or Race *Colored* Birth-place *Md*Occupation *Housewife* Where Residing if not at place of death \_\_\_\_\_Married, Single or Widowed *Widowed* Name of Wife or Husband *Lenny Brown*Father's Name *Stephen Brown* Father's Birthplace *Md*Mother's Maiden Name *Mary Mills* Mother's Birthplace *Md*Name of person giving information *John Dunbar* How related to deceased *Cousin*

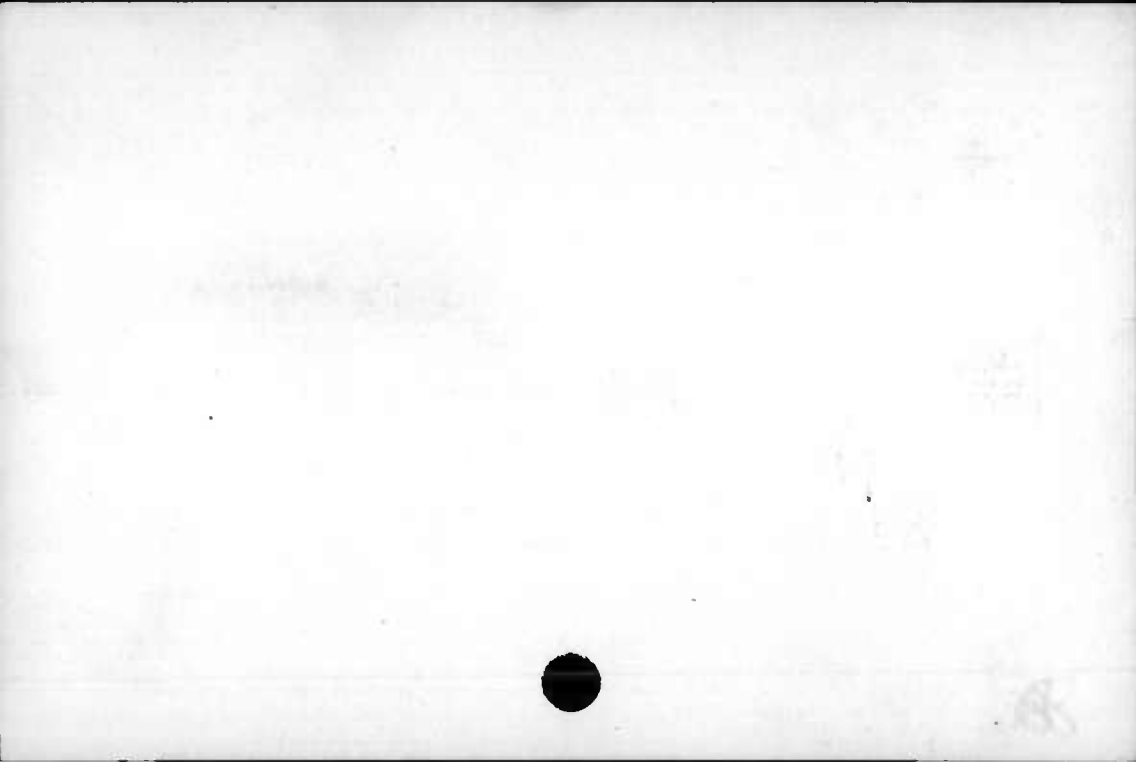
## CAUSES OF DEATH

Primary *Tuberculosis with asthma* How long *10 yrs*Immediate *Exhaustion* How long *1 week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Geo. J. J. J.*Address *Burrkittsville Md*Accident or Suicide? *X*





Name In Full		Minnie May Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Buckeystown		County		Twp.	
	Date of death	1907	Month	June	Day	12	Age
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	House work		Where Residing if not at place of death		Same	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Brown				Father's Birthplace	Ms
	Mother's Maiden Name	Dead Mary Jane Tyler				Mother's Birthplace	Ms
Name of person giving information	John Brown				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Septic		(70)		How long	8 wks
	Immediate	Permeious Anemia				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		T Clyde Roulson	
	Address					Buckeystown	
Accident or Suicide?	No.						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

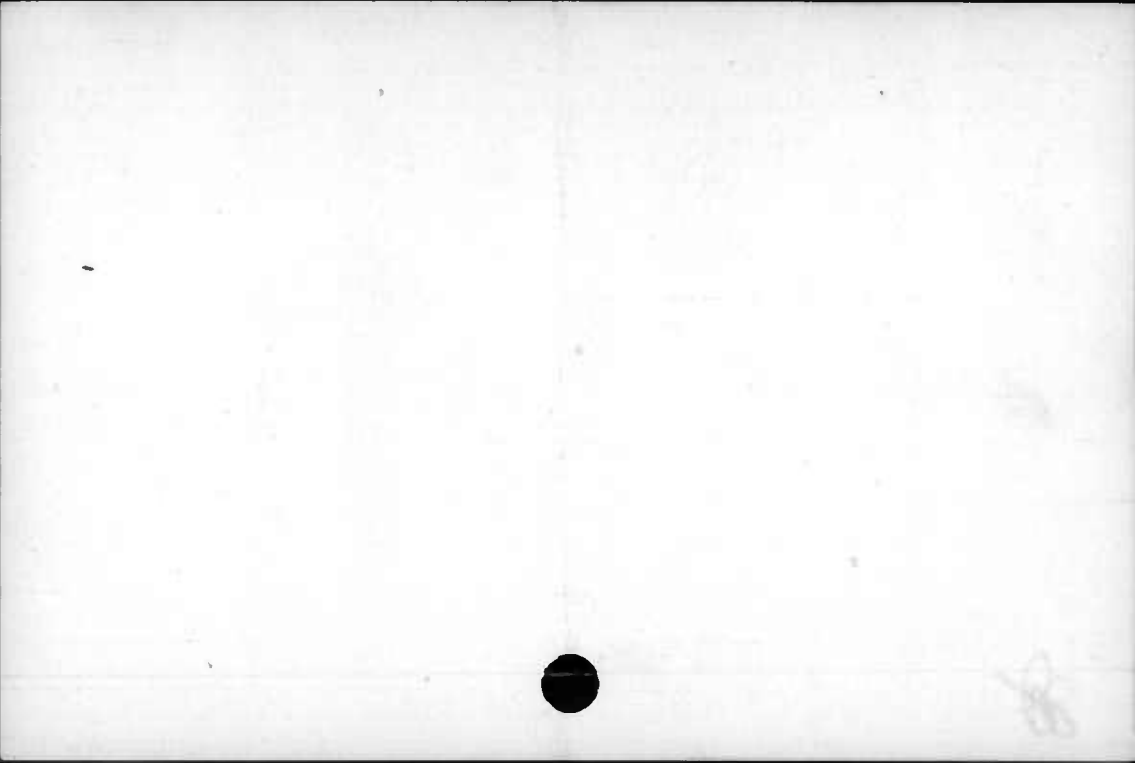
MARYLAND

Died at <i>Indenich</i> <sup>Town</sup>		<i>Indenich</i> <sup>County</sup>			
Date of death	<i>1907</i>	Month	<i>July</i>	Day	<i>24</i>
				Age	<i>About 62</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>N.Y.</i>
Occupation	<i>Contractor</i>		Where Residing if not at place of death <i>Knoxville Md</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>x</i>		
Father's Name	<i>Burke</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Brady</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Mrs. Muehlin</i>			How related to deceased	<i>Friend</i>

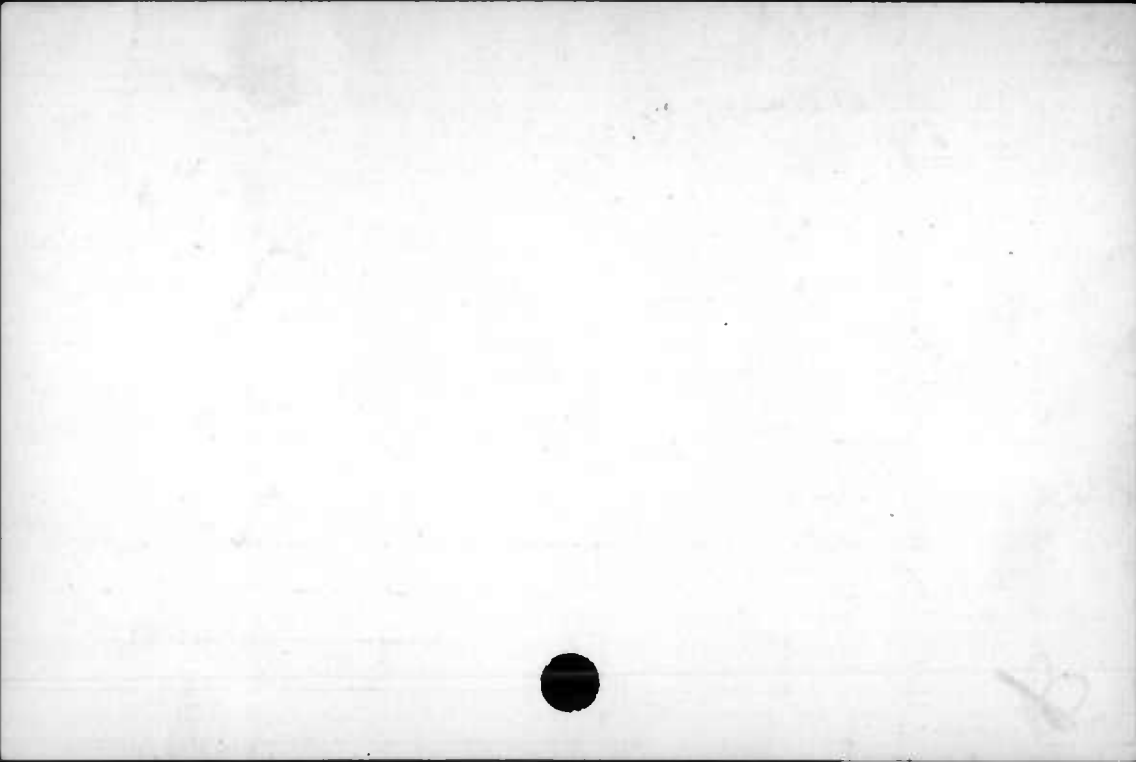
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Ch Interstitial Nephritis</i>	How long	<i>✓</i>
Immediate	<i>Exhaustion</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Franklin Buchanan</i>	
		Address <i>Court Sq.</i>	
Accident or Suicide?		<i>Indenich, Md</i>	



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Mountville</i>			County <i>Frederick</i> MARYLAND			
		Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>9</i>	Age <i>21</i>	Months <i>8</i>	Days <i>14</i>	
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Fredk. Co. Md.</i>			
		Occupation <i>Painter</i>		Where Residing if not at place of death				
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
		Father's Name <i>John Wm Cook</i>		Father's Birthplace <i>Fredk. Co., Md</i>				
		Mother's Maiden Name <i>Louise F. E. Cook</i>		Mother's Birthplace <i>Fredk. Co., Md.</i>				
Name of person giving information <i>J. Wm Cook</i>		How related to deceased <i>Father</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<i>Pulmonary Tuberculosis</i>				How long <i>27</i> <i>18 mos</i>		
	Immediate	<i>General asthenia</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. A. Hurdix, M.D.</i>					
	Accident or Suicide? <i>no</i>		Address <i>Frederick Md.</i>					



Name  
in  
Full

Samuel Contee

## CERTIFICATE OF DEATH

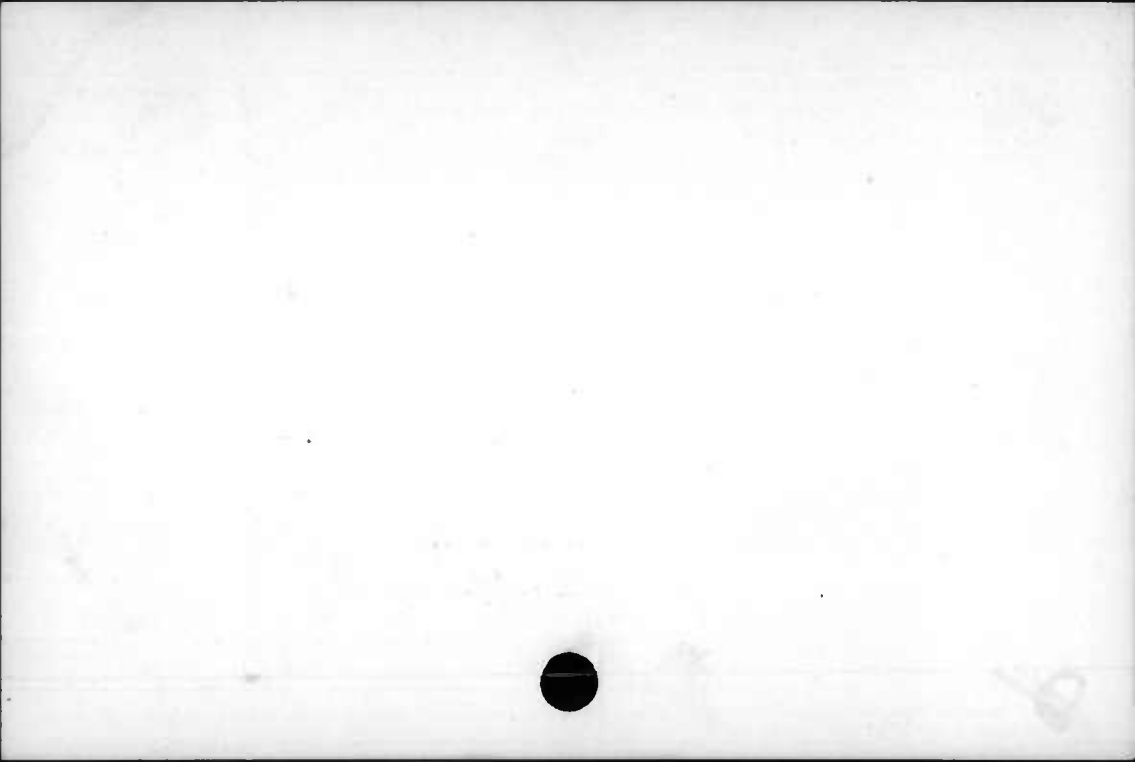
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND			
Date of death	1907	Month	1	Day	9		
Age	—		Years	7	Months	9	
Sex	<u>Male</u>		Color or Race	<u>Black</u>		Birth-place	<u>city</u>
Occupation	—		Where Residing if not at place of death		<u>same</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband				
Father's Name	<u>Samuel Contee</u>				Father's Birthplace	<u>F. Co. Md</u>	
Mother's Maiden Name	<u>Ida Parker</u>				Mother's Birthplace	<u>city</u>	
Name of person giving information	<u>Ida Contee</u>				How related to deceased	<u>Mother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Convulsion</u>	How long	<u>6 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>W. A. Long</u>	
		Address	
		<u>city</u>	
<u>Accident or Suicide</u>			





Name  
in  
Full

CERTIFICATE OF DEATH

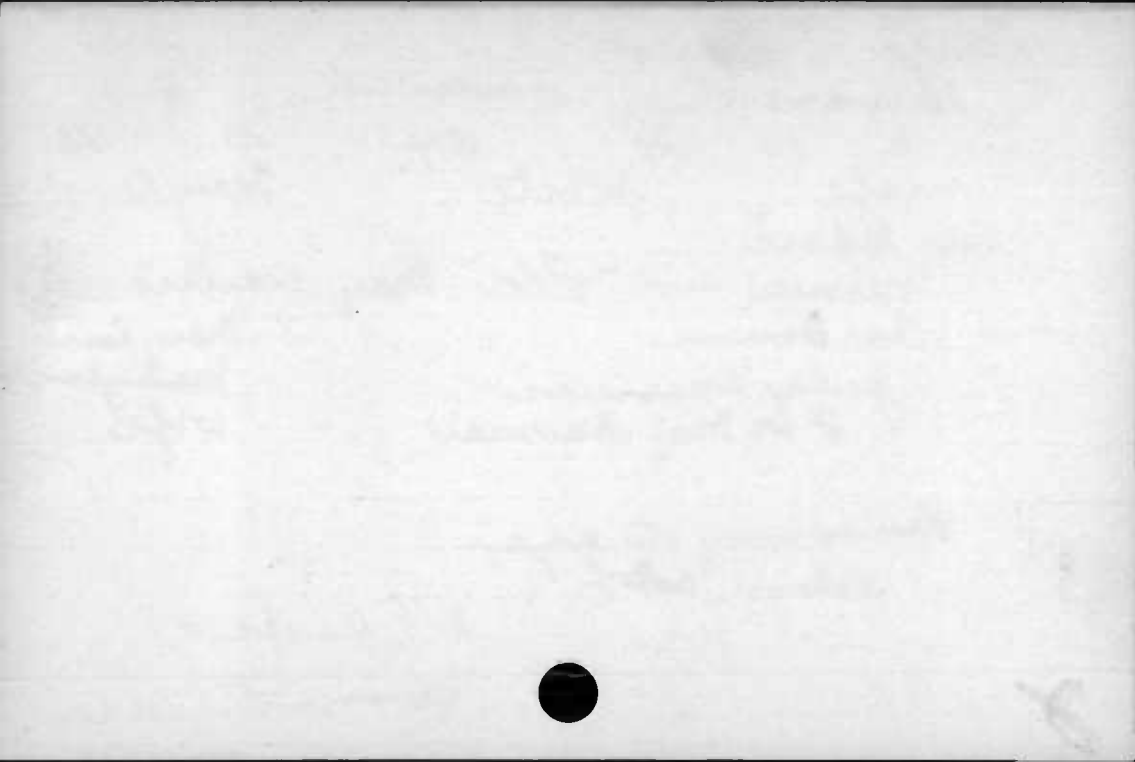
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurmont</i> Town		<i>Frederick</i> County,		MARYLAND	
Date of death 1907	Month <i>1</i>	Day <i>29</i>	Age <i>38</i> Years	Months <i>2</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>House wife</i>		
Name of Wife or Husband <i>Wm H Samuth</i>					
Father's Name <i>Henry Rouzer</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Catherine Schlosser</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Wm H Samuth</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	Address <i>Ernest R. Peters MD</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Roy Delantes</b>		Town <b>near Jefferson</b>		County <b>Lyndk</b>		MARYLAND	
Died at <b>near Jefferson</b>		Month <b>1</b>		Day <b>2</b>		Years <b>24</b>	
Date of death <b>1907</b>		Month <b>1</b>		Day <b>2</b>		Years <b>24</b>	
Sex <b>Male</b>		Color or Race <b>negro</b>		Birth-place <b>near Jefferson</b>		Months <b>7</b>	
Occupation		Where Residing if not at place of death		Days <b>17</b>			
Married, <del>Single</del> or Widowed		Name of Wife or Husband <b>Mollie Dixon</b>					
Father's Name <b>Solomon Delantes</b>		Father's Birthplace					
Mother's Maiden Name <b>Asabella</b>		Mother's Birthplace					
Name of person giving information <b>Albert Dixon</b>		How related to deceased <b>Brother in law</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

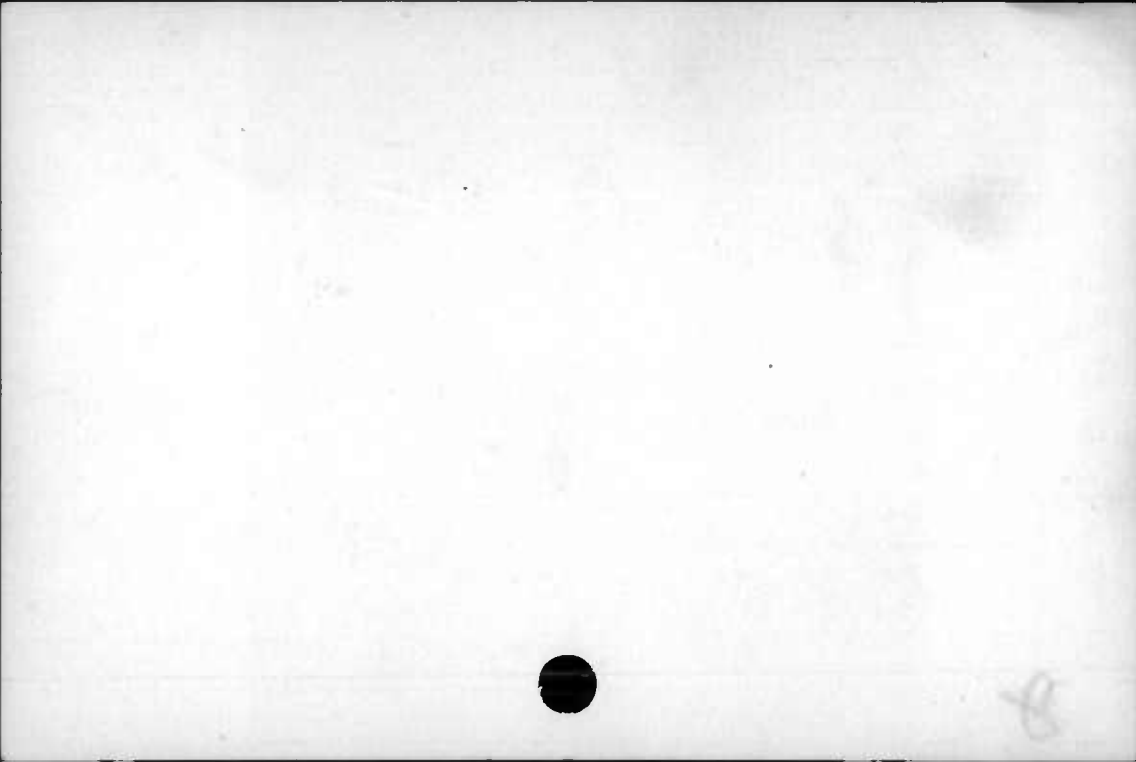
How long

Are the name, age, sex, color, date and place correctly given above?

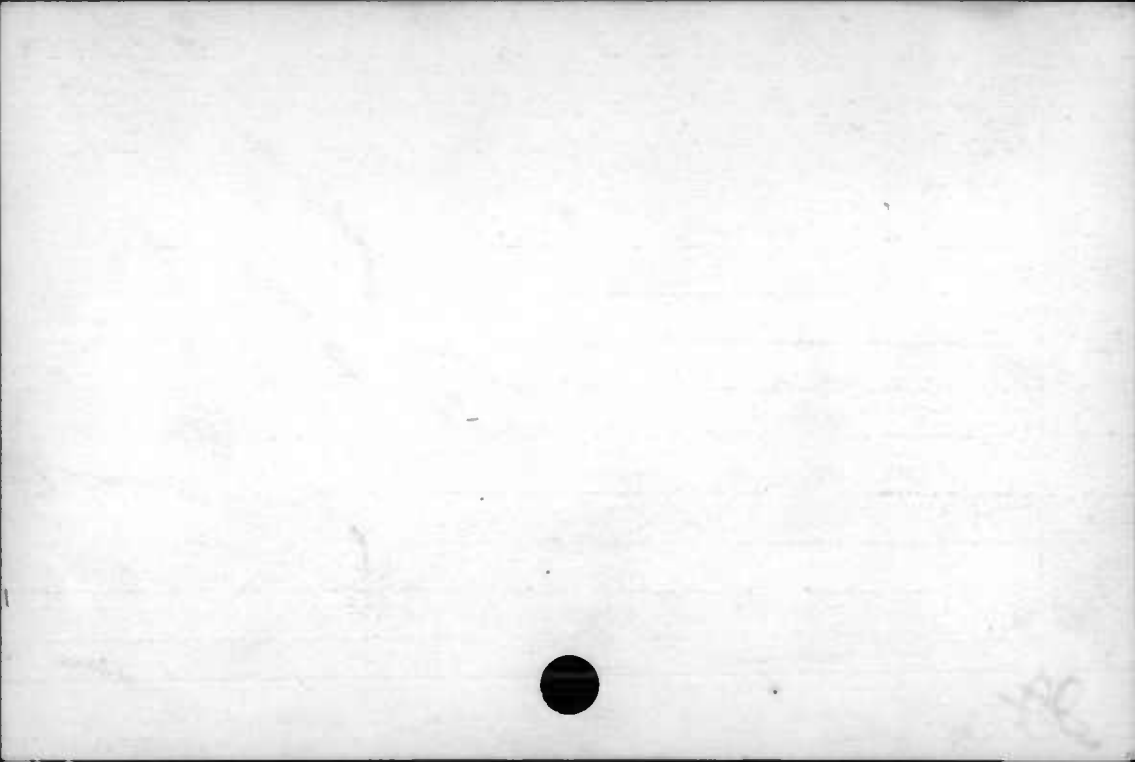
Signature of Physician

Address

Accident or Suicide?



Name in Full		Melvin Maurice Derr				TOWN		County		FREDERICK CO		CERTIFICATE OF DEATH			
Died at		Near New Midway				MARYLAND									
Date of death		1907		January		22		Age		Years		Months		16 Days	
Sex		Female		Color or Race		White		Birth-place		Fred. Co					
Occupation				Where Residing if not at place of death											
Married, Single or Widowed		W		Name of Wife or Husband		W									
Father's Name		Morris M. Derr				Father's Birthplace		Magersville, Md.							
Mother's Maiden Name		Rhoda A. Kriss				Mother's Birthplace		Near Cragerstown, Md.							
Name of person giving information		Morris M. Derr				How related to deceased		Father							
CAUSES OF DEATH															
Primary		Acute Meningitis				How long		4 days							
Immediate		Convulsions				How long									
Are the name, age, sex, color, date and place correctly given above?		To best of my knowledge				Signature of Physician		C. A. Stultz							
						Address		Woodboro							
Accident or Suicide?								Md.							



Name  
in  
Full

Mrs. Lola May Duwall

## CERTIFICATE OF DEATH

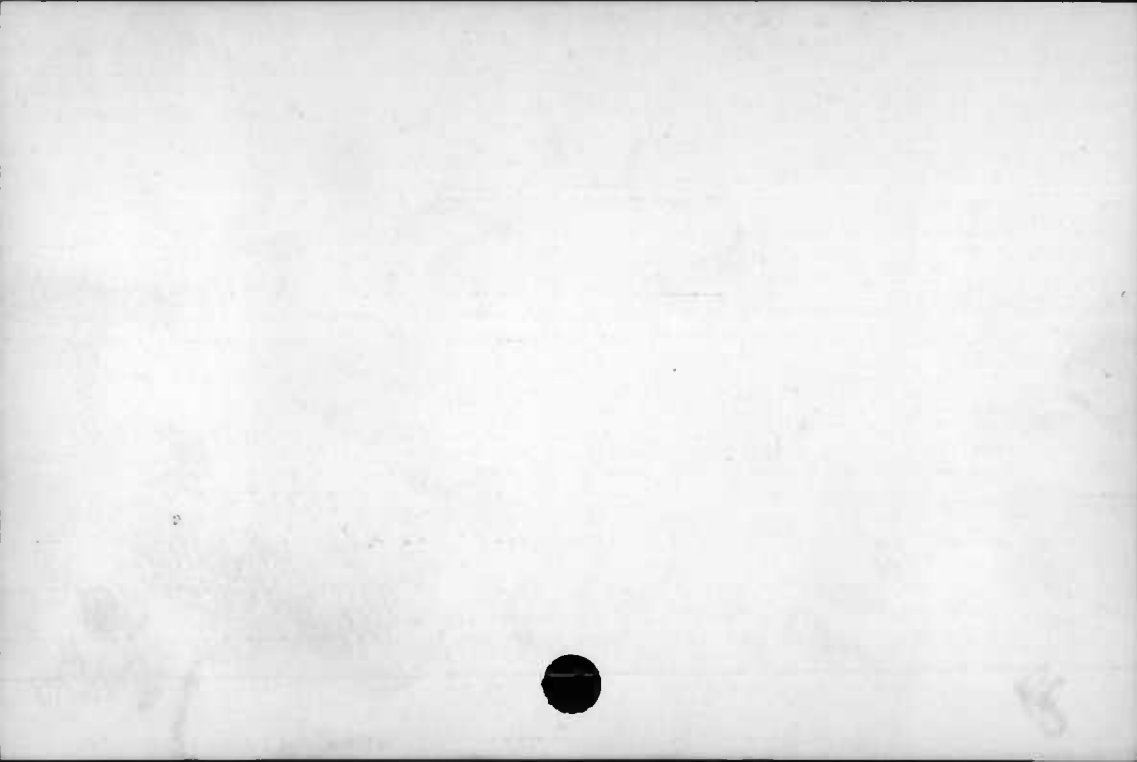
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>16</i>	Years <i>48</i>	Months		Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick, Md.</i>			
Occupation <i>H.M.</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wilbur H. Duwall</i>					
Father's Name <i>Luther Nazier</i>		Father's Birthplace <i>Frederick Co., Md.</i>		Mother's Birthplace <i>Frederick Co., Md.</i>			
Mother's Maiden Name <i>Selma M. Massey</i>		Mother's Birthplace <i>Frederick Co., Md.</i>		How related to deceased <i>Sister</i>			
Name of person giving information <i>Mrs. Annie Walter</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart disease - (Fall down steps)</i>	How long <i>one week</i>
Immediate	<i>Paralysis of heart</i>	How long <i>20 yrs after fall</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. O. Hendrix, M.D.</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide?		





Name  
in  
Full

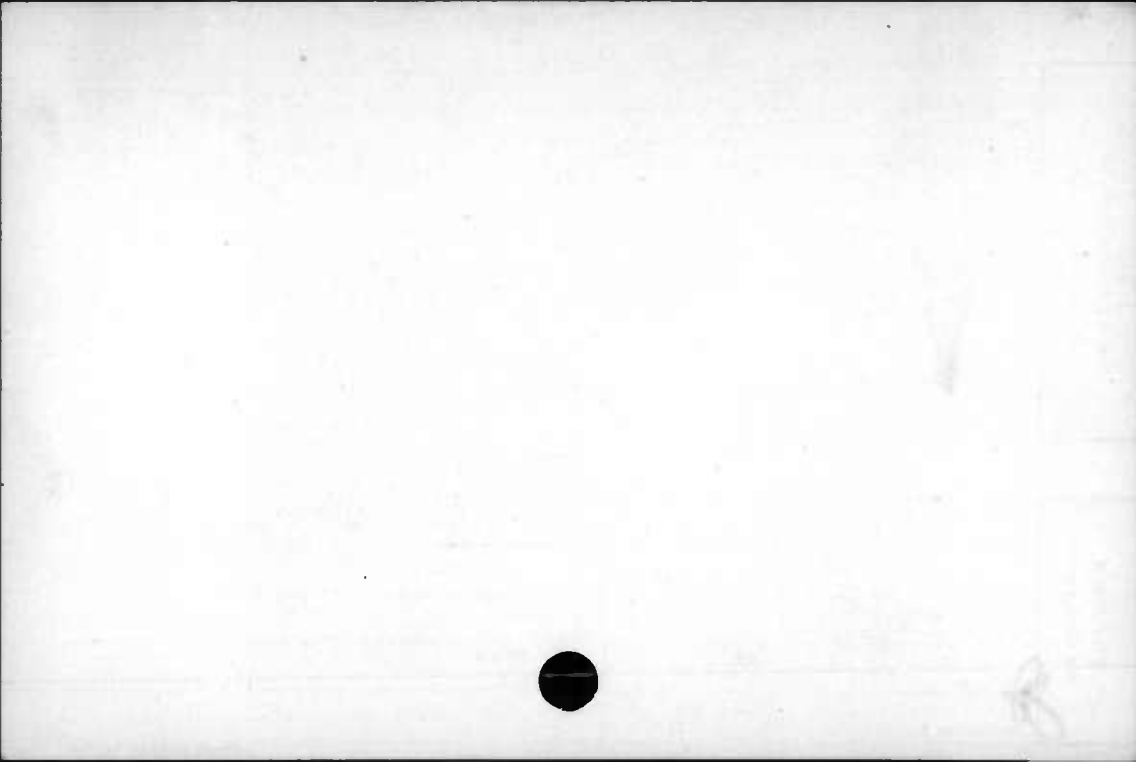
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monticure Hospital</i>		County <i>Fredricks</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>14</i>	Age <i>60</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredricks Co. Md.</i>		
Occupation <i>Insane Inmate</i>			Where Residing if not at place of death <i>Monticure Hospital</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E. Silas Capshaw</i>			
Father's Name <i>David Ramberg</i>		Father's Birthplace <i>Fred<sup>ks</sup> Co</i>			
Mother's Maiden Name <i>Katherine Ramberg</i>		Mother's Birthplace <i>Fred<sup>ks</sup> Co</i>			
Name of person giving information <i>Howard Ramberg</i>		How related to deceased			

## CAUSES OF DEATH

Primary	<i>Cardiac Dilatation</i>	How long <i>Six months</i>
Immediate	<i>Pulmonary Embolism</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. S. Lyson</i>
		Address <i>Fredricks, Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Anna Mary Freaga</i>		Town <i>Lime Kiln</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Lime Kiln</i>		Month <i>Jan</i>		Day <i>23</i>		Years <i>6</i>	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>23</i>		Years <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lime Kiln</i>		Days <i>12</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Luther Freaga</i>				Father's Birthplace <i>Lime Kiln</i>			
Mother's Maiden Name <i>Bertie Barr</i>				Mother's Birthplace <i>Fredk Co.</i>			
Name of person giving information <i>Luther Freaga</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Morasmus</i>	How long <i>about 2 months</i>
Immediate <i>Exhaustion</i>	How long <i>week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Williams</i>
	Address <i>Fredrick Md</i>
Accident or Suicide? <i></i>	

Funeral

W. H. Oliver Cemetery

1/25.07

ccc

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

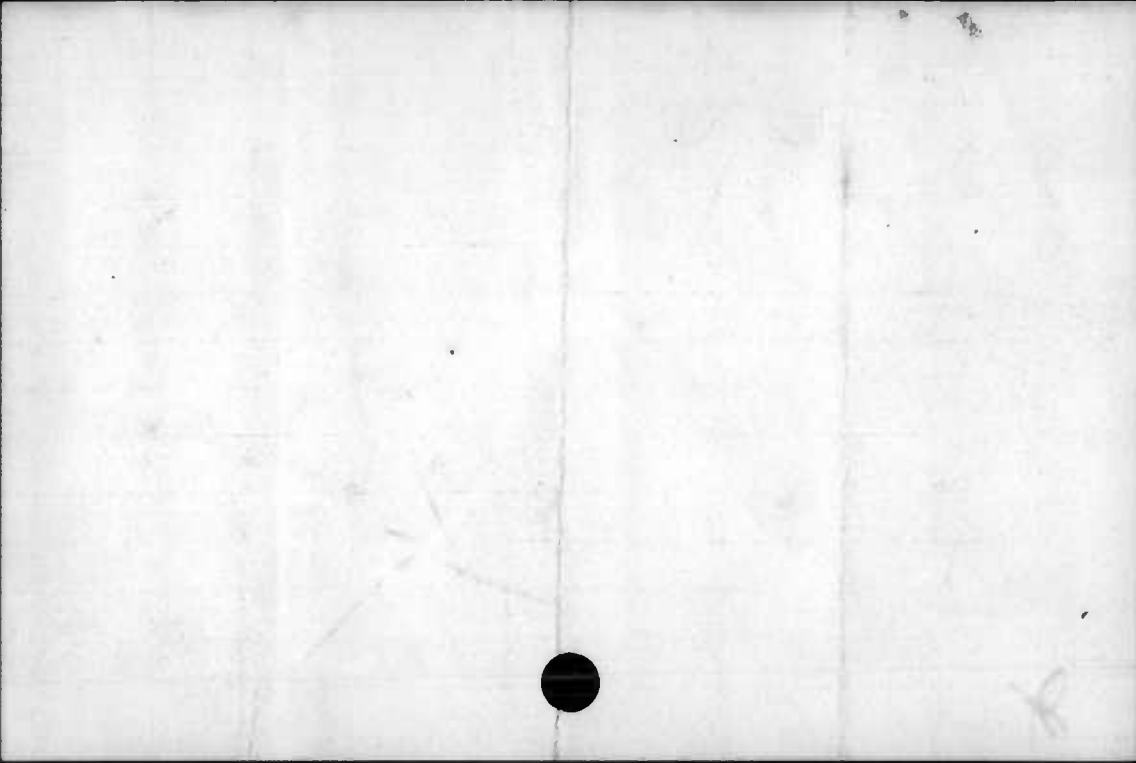
Margaret Luomnah Foyle

## CERTIFICATE OF DEATH

Died at		Town Pleasant Hill		County Frederick		MARYLAND					
Date of death		Month		Day		Years		Months		Days	
1907		Jan		17		Age 71		11		7	
Sex		woman		Color or Race		white		Birth-place		Pleasant Hill	
Occupation				House Wife				Where Residing if not at place of death			
Married, Single or Widowed				" "				" "			
Name of Wife or Husband				Daniel Foyle				" "			
Father's Name				Philip Foyle				Father's Birthplace			
								Maryland			
Mother's Maiden Name				Margaret Foyle				Mother's Birthplace			
Name of person giving information				Annie B. Foyle				How related to deceased			
								Aunt			

## CAUSES OF DEATH

Primary	apoplexy	How long	about 7 weeks
Immediate	Recurring attack	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. L. Hammond	
		Address	
		Woodsboro,	
		Md.	
Accident or Suicide?			



Name  
in  
Full

Rachael B. Fogle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Near Liberty Town* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death *1907* <sup>Month</sup> *Jan* <sup>Day</sup> *14* <sup>Years</sup> *28* <sup>Months</sup> *11* <sup>Days</sup> *5*

Sex *Female* Color or Race *White* Birth-place *Frederick Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *Chas. H. Fogle*

Father's Name *Chas. W. Smith* Father's Birthplace *Frederick Co*

Mother's Maiden Name *Mary Catherine Biddinger* Mother's Birthplace *Frederick Co*

Name of person giving information *Chas. W. Smith Jr* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Laryngeal Tuberculosis* <sup>How long</sup> *18 mos.*

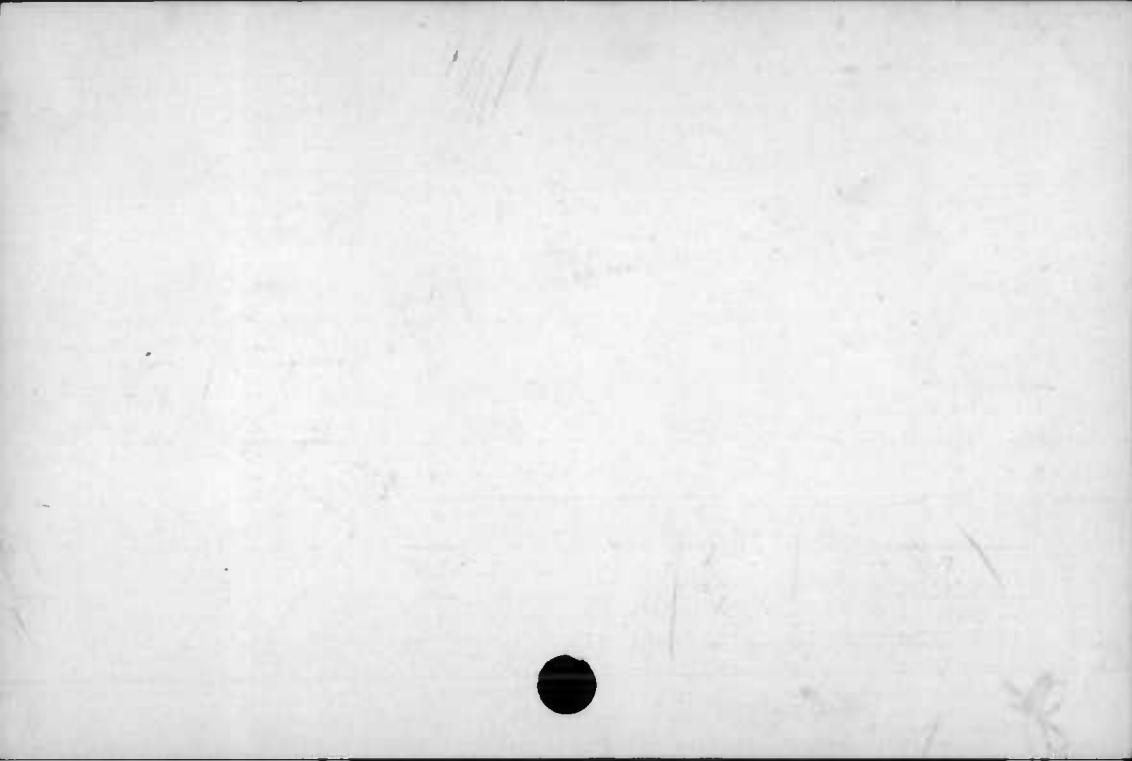
Immediate *Heart Failure* <sup>How long</sup> *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. B. Howe M.D.*

Address *Liberty Town Md.*

Accident or Suicide?





Name  
in  
Full

Anna M Green

CERTIFICATE OF DEATH

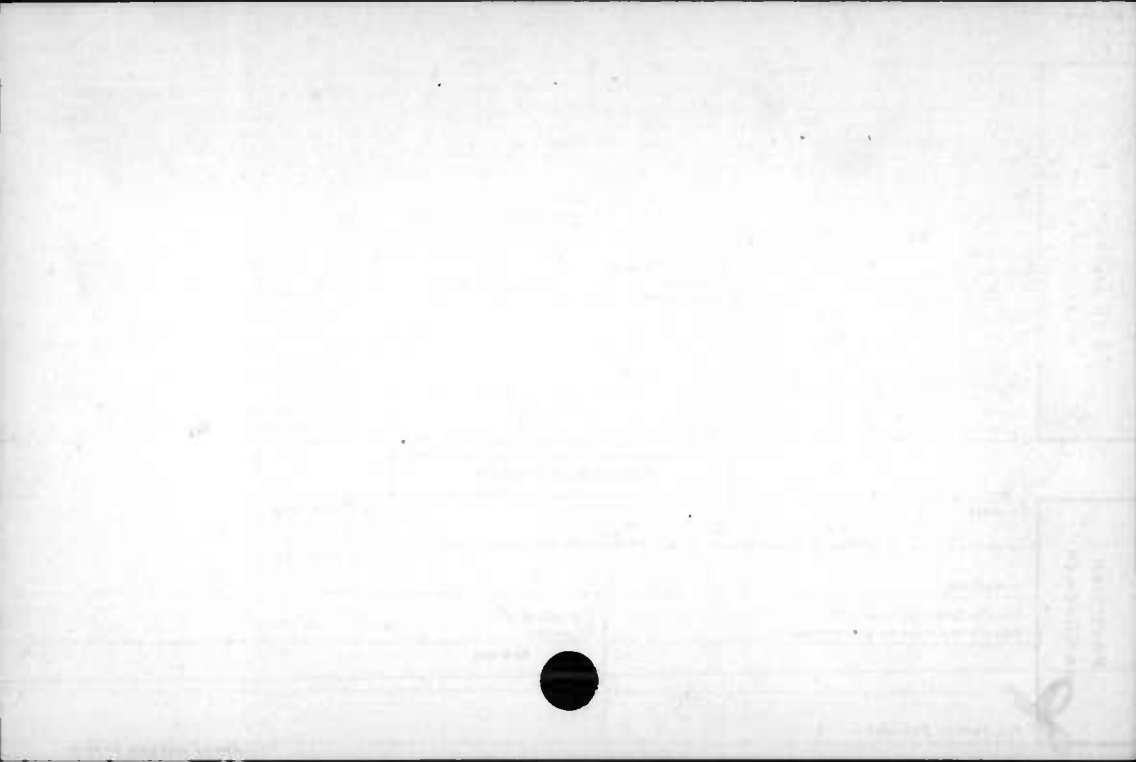
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>7</u> <sup>Month</sup>		<u>22</u> <sup>Day</sup>	Age <u>43</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>		Color or Race <u>White</u>	Birth-place <u>Pa</u>		
Occupation <u>H. Wife</u>		Where Residing if not at place of death <u>X</u>			
Married, <u>Yes</u>		Name of <u>William E Green</u> <sup>Husband</sup>			
Father's Name <u>Austin McCale</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Amya Ross</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>William E Green</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Lalgriffes</u>	How long <u>8 days</u>
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Lang</u>
	Address <u>City</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Chas. E. Haller

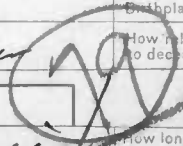

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Indiana Co</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>20</i>	Years <i>59</i>	Months <i>2</i>	Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>W.</i>		Birth-place <i>W.C.</i>			
Occupation <i>Ex Restaurateur</i>		Where Residing If not at place of death					
Married, Single or Widowed <i>M.</i>		Name of Wife or Husband <i>Hannie Eckstein</i>					
Father's Name <i>Jacob Haller</i>		Father's Birthplace <i>Indiana Ind</i>					
Mother's Maiden Name <i>Annie M Zuer</i>		Mother's Birthplace <i>4 7</i>					
Name of person giving information <i>Mrs Hannie Haller</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Calculus-Heart disease</i>	How long <i> yrs.</i>
Immediate	<i>Apoplexy</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Lo J. McCurdy</i>
		Address
		
		
<i>8</i> Accident or Suicide?		

Mt Olive City

Name  
in  
Full

Edward Murray Halley

## CERTIFICATE OF DEATH

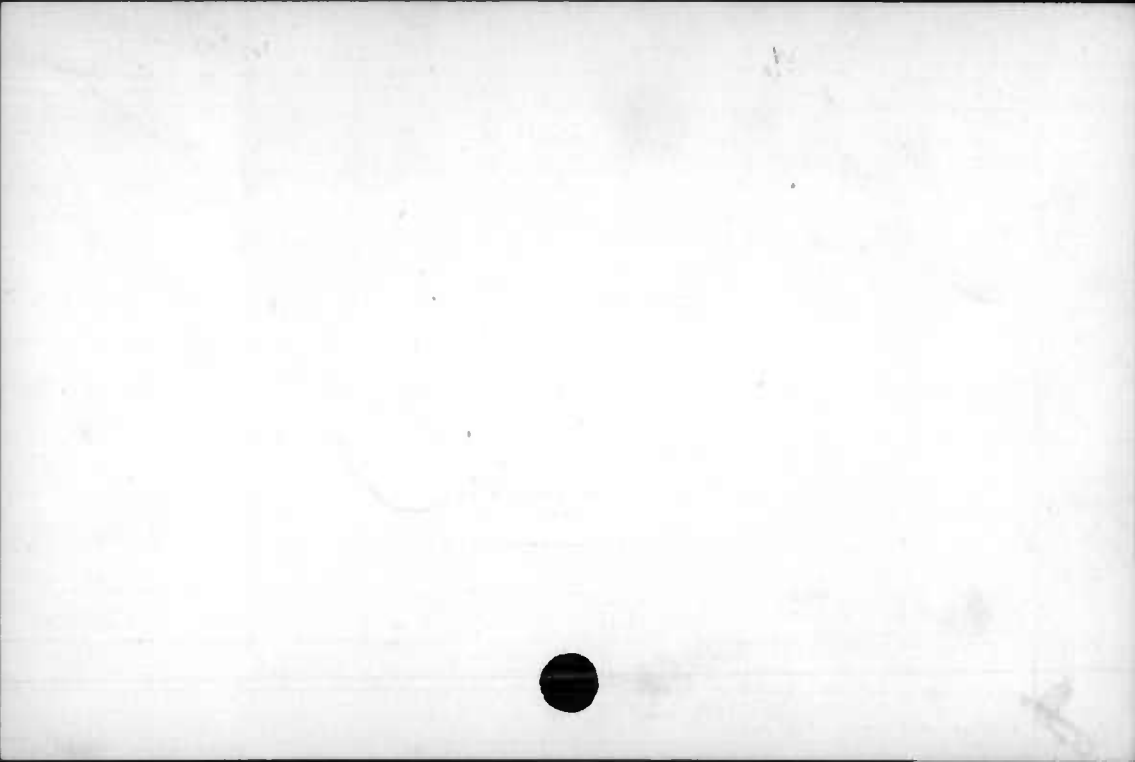
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Araby</i> Town		<i>Frederick</i> County.		MARYLAND	
Date of death <i>1907</i>	Month <i>January</i>	Day <i>18</i>	Age <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>		
Occupation <i>R.R. Station Master</i>	Where Residing <del>at</del> <i>Araby</i> at place of death				
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband <i>Maud Miller</i>				
Father's Name <i>Samuel Halley</i>	Father's Birthplace <i>Hagerstown Md</i>				
Mother's Maiden Name <i>Lizzie Castle</i>	Mother's Birthplace <i>Jefferson Md</i>				
Name of person giving information <i>Miss Ellen Castle</i>	How related to deceased <i>Cunt</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>William M. Smith</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

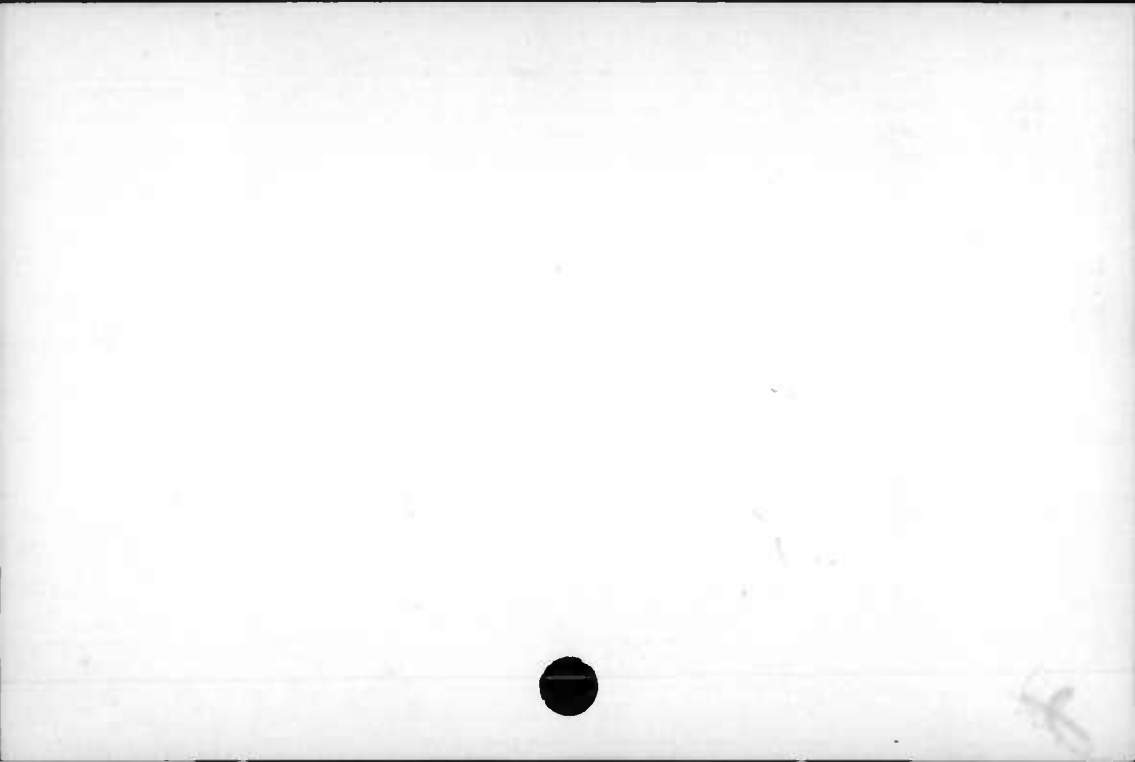
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John F. Hammond</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>1</i>		Day <i>9</i>		Years <i>12</i>	
Date of death <i>1907</i>		Month <i>1</i>		Day <i>9</i>		Years <i>12</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>---</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>					
Father's Name <i>Wm. Hammond</i>		Father's Birthplace <i>Pa. Co. Ind.</i>					
Mother's Maiden Name <i>Hannah Goins</i>		Mother's Birthplace <i>Pa. Co. Ind.</i>					
Name of person giving information <i>Wm. Hammond</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

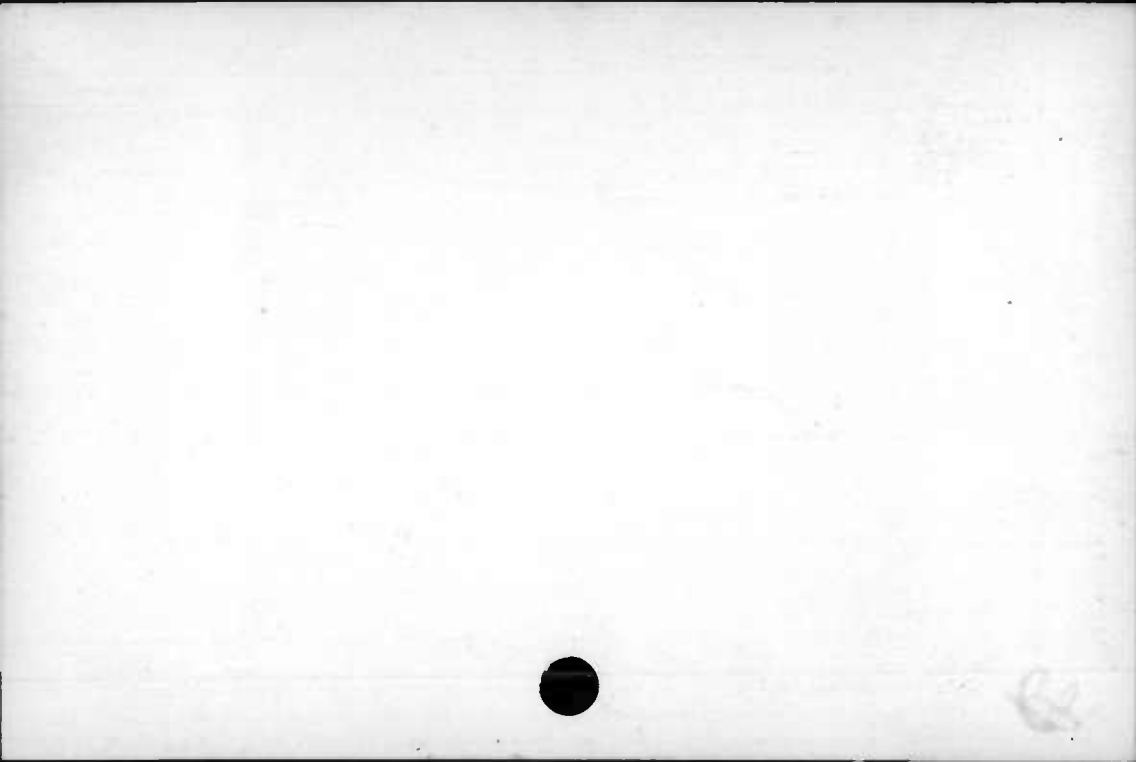
PHYSICIAN  
OR CORONER

Primary <i>Cold</i>	How long <i>43</i>	How long <i>Sev. days</i>
Immediate <i>Pneumonia</i>		How long <i>Sev. days</i>
Are the name, age, sex, color, date and place correctly given above? <i>---</i>		Signature of Physician <i>S. F. Thomas H. O.</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide? <i>---</i>		

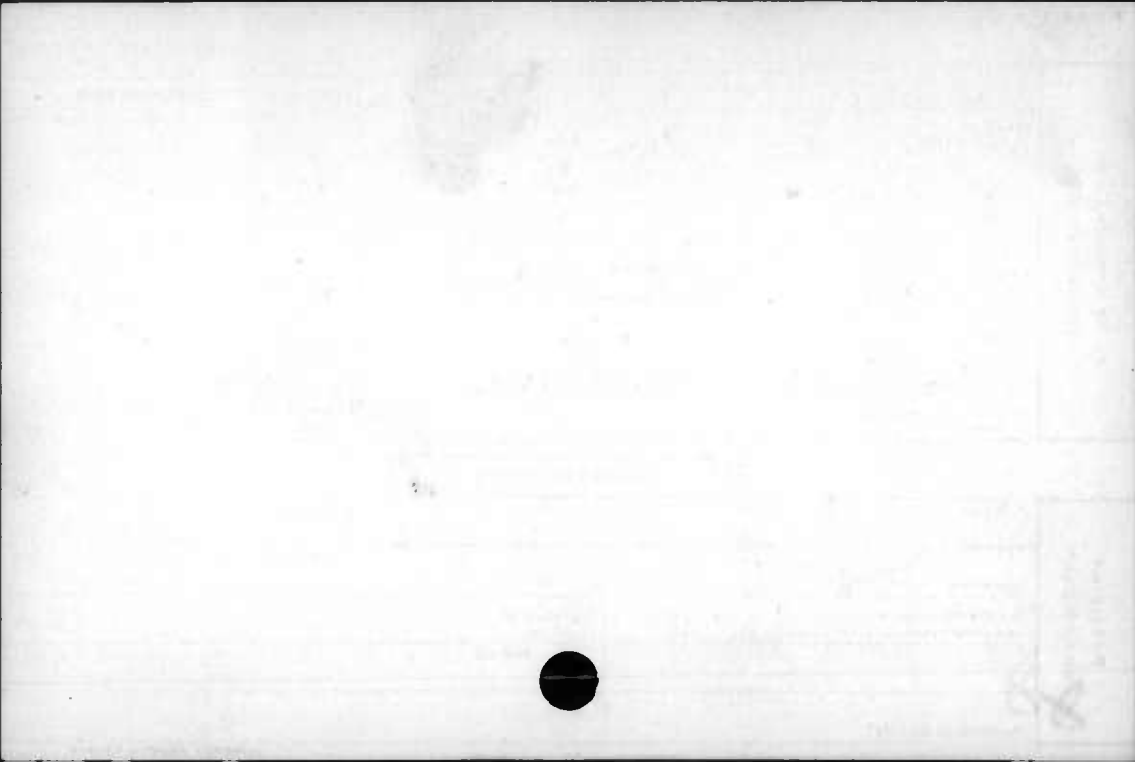




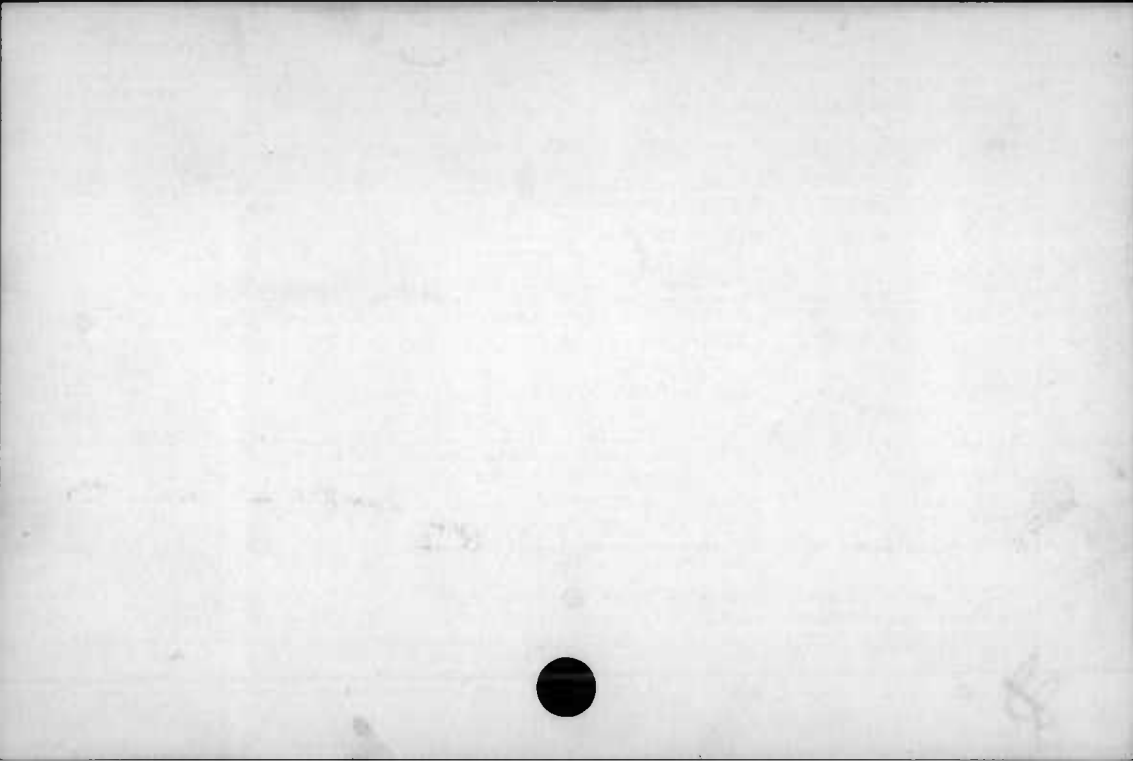
Name in Full		James O. Harne				CERTIFICATE OF DEATH	
X TO BE ANSWERED BY NEAREST FRIEND	Died at near <i>Garfield</i>		Town <i>Frederick</i>		County		MARYLAND
	Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>8</i>	Age <i>59</i>	Years <i>8</i>	Months	Days
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>			
	Occupation <i>Lumber Dealer</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anne Mary Burrier</i>					
	Father's Name <i>Henry Lee Harne</i>	Father's Birthplace <i>Md</i>					
	Mother's Maiden Name <i>Betty Blickenstaff</i>	Mother's Birthplace <i>Md</i>					
	Name of person giving information <i>J. O. Harne</i>		How related to deceased <i>Son</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Muscular Atrophy</i>		How long <i>21 mos</i>				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Smith</i>				
			Address <i>Wolfsville Md</i>				
	Accident or Suicide? <i>---</i>						



Name In Full		Eleanor V Henderson						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick			County Frederick			MARYLAND		
	Date of death	1907	Month 1	Day 30	Age 1	Years	Months 9	Days 10		
	Sex	Female			Color or Race Black		Birth-place Md			
	Occupation	Chief			Where Residing if not at place of death X					
	Married, Single or Widowed	X			Name of Wife or Husband X					
	Father's Name	John Henderson						Father's Birthplace Md		
	Mother's Maiden Name	Mamie Muddock						Mother's Birthplace Md		
Name of person giving information	Mamie Henderson						How related to deceased Mother			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Pertussis				How long 2 weeks				
	Immediate	Cerebral Congestion				How long 3 days				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. A. Lane			
					Address		City.			
Accident or Suicide? <input checked="" type="checkbox"/>										



Name in Full		Lucinda Rebecca House				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Thurston</i>		Town <i>Frederick</i>		County		MARYLAND	
	Date of death <i>1907</i>		Month <i>Jan.</i>		Day <i>20</i>		Age <i>63</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>		Months <i>10</i>	
	Occupation <i>House wife -</i>		Where Residing if not at place of death		Days <i>2</i>			
	Married, Single or Widowed <i>Married</i>		Name of Husband <i>Jno. W. House</i>					
	Father's Name <i>Emory M. Beale</i>		Father's Birthplace <i>Montgomery Co.</i>					
	Mother's Maiden Name <i>Margaret Pyles</i>		Mother's Birthplace <i>Montgomery Co.</i>					
	Name of person giving information <i>Mrs Jas S. Maxwell</i>		How related to deceased <i>Sister</i>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Tuberculosis, Pulmonary.</i>		How long <i>3 years</i>					
	Immediate <i>Asthma</i>		How long					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. E. Fulling</i>		Address <i>Verbaria</i>			
	<input checked="" type="checkbox"/> Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

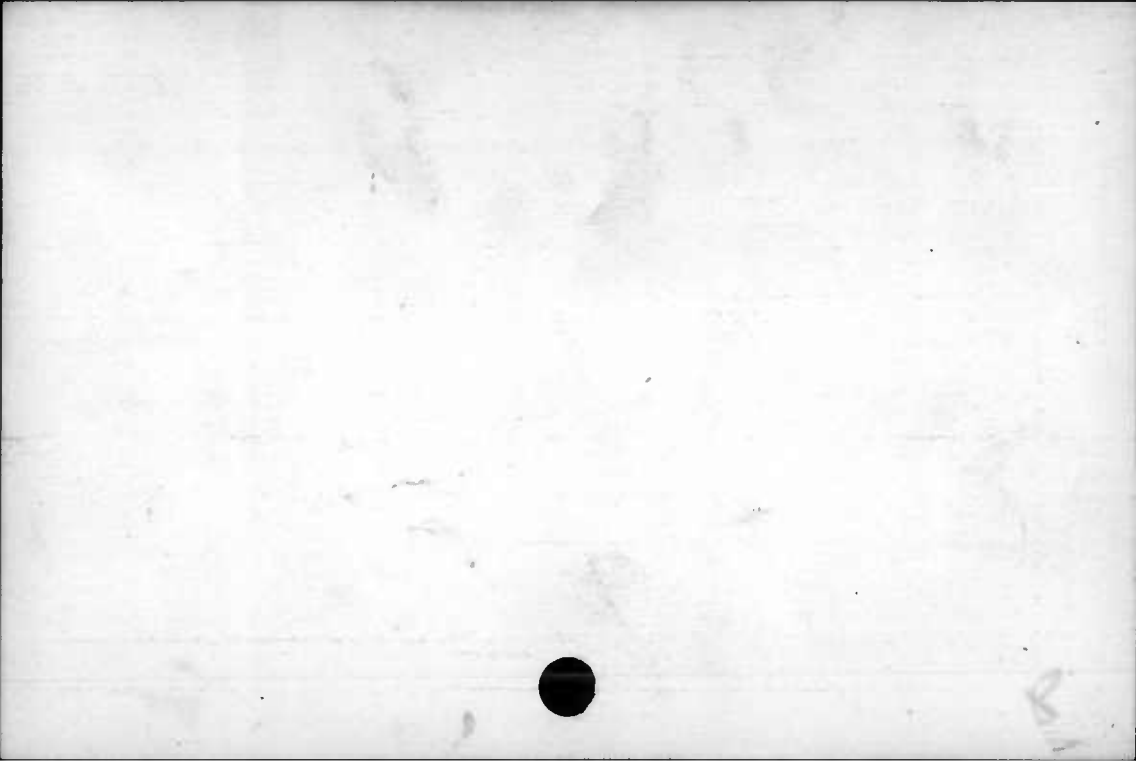
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jesse B Jones</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		State <i>MARYLAND</i>	
Died at <i>Brunswick</i>		Month <i>Jan</i>		Day <i>2</i>		Age <i>32</i>	
Date of death <i>1907</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penna.</i>	
Occupation <i>Prodigal son to a hotel keeper</i>		Where Residing if not at place of death <i>Greencastle, Pa.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E. M. Pittinger</i>		Father's Name <i>R. G. Jones</i>			
Father's Name <i>R. G. Jones</i>		Father's Birthplace <i>Penna.</i>		Mother's Maiden Name <i>A. E. Jones</i>			
Mother's Maiden Name <i>A. E. Jones</i>		Mother's Birthplace <i>"</i>		Name of person giving information <i>Mrs. J. B. Jones</i>			
Name of person giving information <i>Mrs. J. B. Jones</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alcoholism</i>	How long <i>Do not know</i>
Immediate <i>Cerebral hemorrhage &amp; 2 infarcts</i>	How long <i>1 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. R. Jones</i>
	Address <i>Brunswick</i>
	<i>Maryland</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

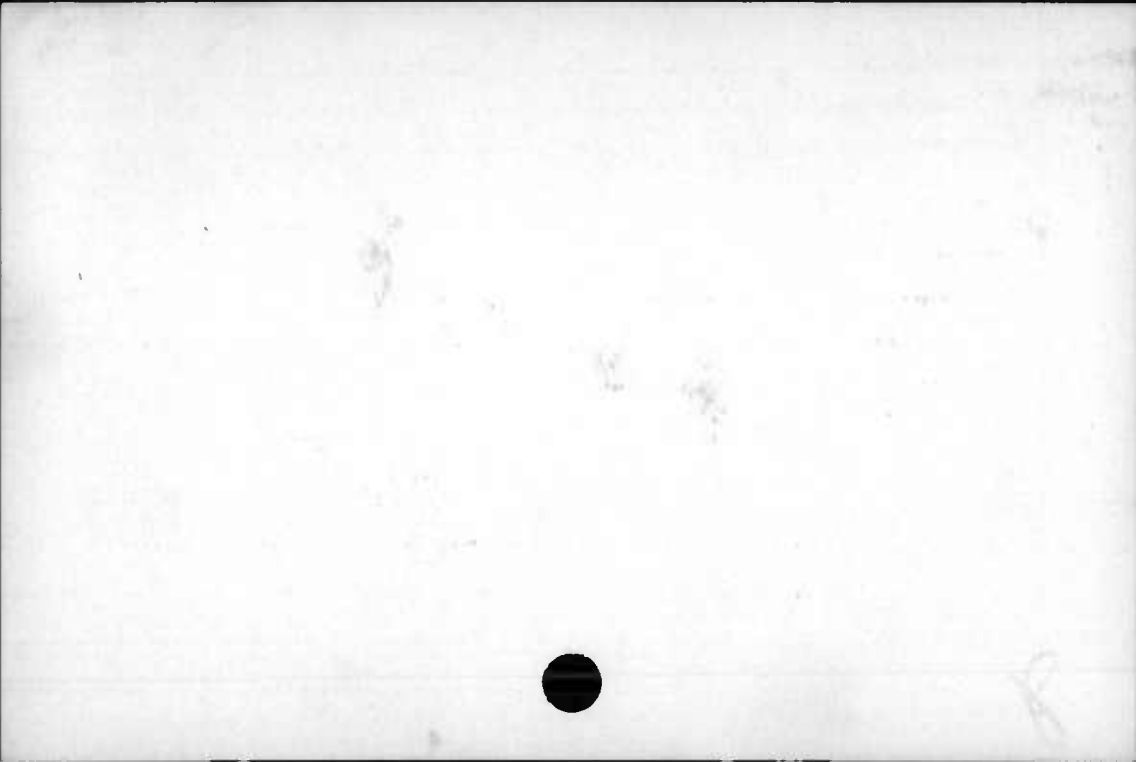
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Burkittsville</u> <sup>Town</sup> <u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>7</u> <sup>Day</sup> <u>1</u> <sup>Years</sup> <u>Stellborn</u> <sup>Months</sup> <u>0</u> <sup>Days</sup> <u>0</u>	Age		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Burkittsville</u>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Frank Rom</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mabel Dubrow</u>	Mother's Birthplace <u>md</u>		
Name of person giving information <u>Frank Rom</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still born</u>	How long
Immediate <u>Compression of cord</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. J. [unclear]</u>
	Address <u>Burkittsville</u>
Accident or Suicide?	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John J. Keller*

Died at *Buckeytown* Town *Frederick* County

Date of death *1907* Month *Jan.* Day *23* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *MD.*

Occupation *Carpenter* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Ann Stockman*

Father's Name *— Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *— Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Harry Keller* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Arterio Sclerosis with* How long *Several yrs.*

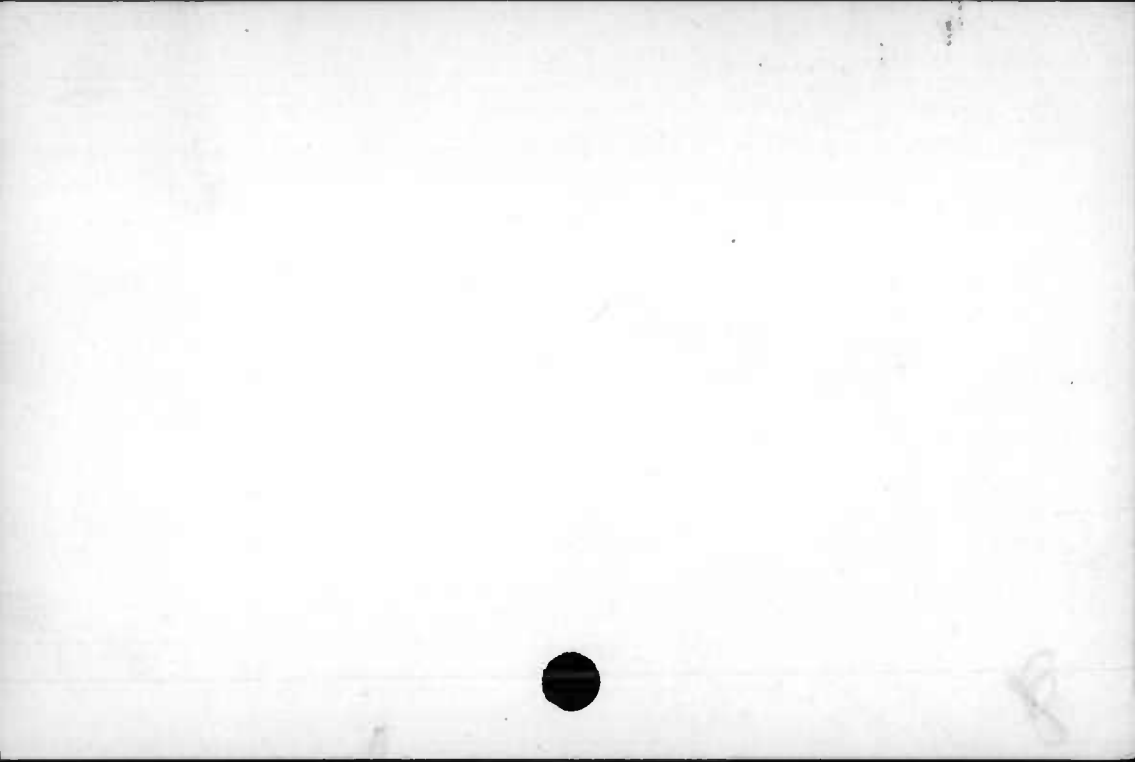
Immediate *gradual heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Clyde Rosten*

Address *Buckeytown*

Accident or Suicide?



Name  
in  
Full

Margaret Lucinda Knight

CERTIFICATE OF DEATH

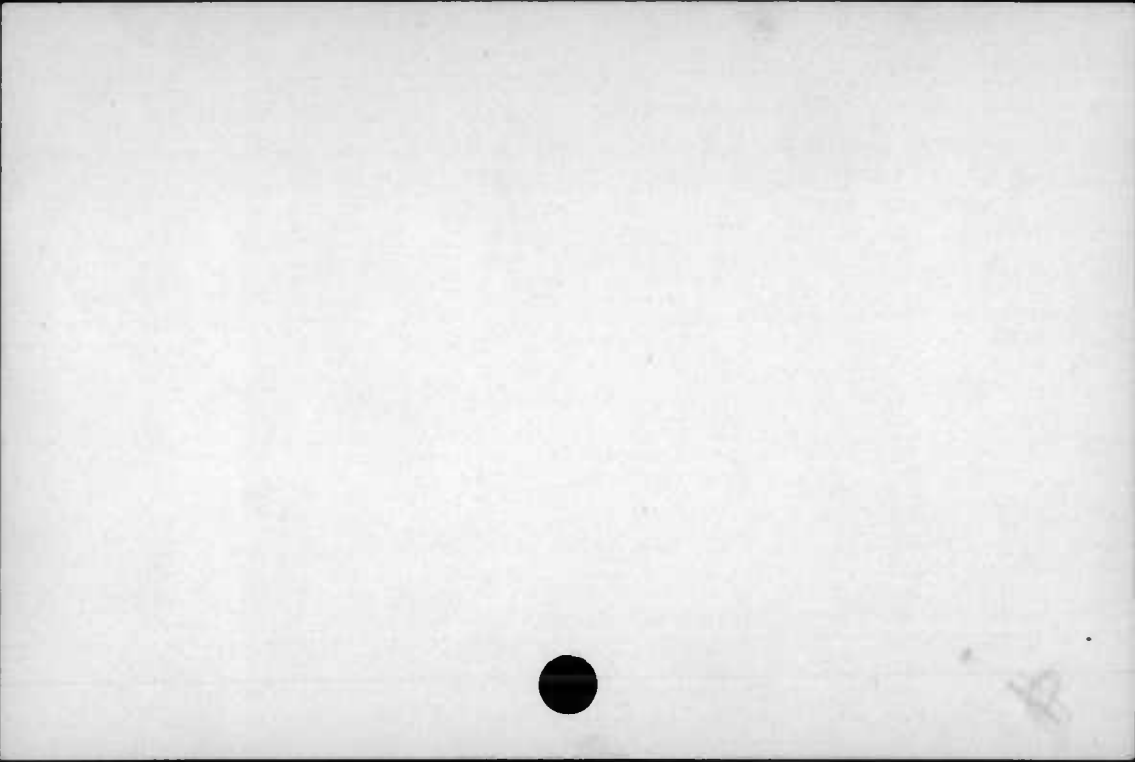
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>21</i>	Age <i>69</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
<del>Married, Single or Widowed</del>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Harrison Knight</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Catharine Lauer</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Mrs. Math. Bridges</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>?</i>
Immediate <i>Acute Lung</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Crawford</i>
<i>J</i>	Address <i>Frederick Md.</i>
	Accident or Suicide? <i>—</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

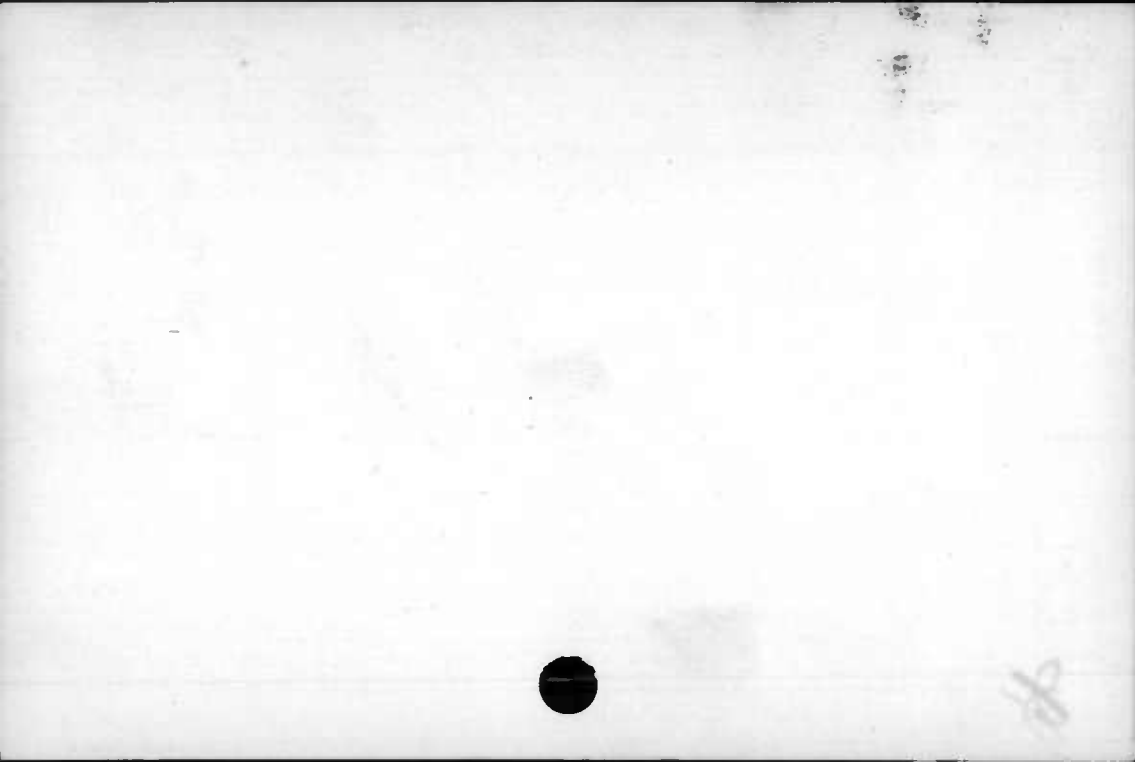
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James Lyson.</i>		Town <i>Monticume Hospital</i>		County <i>Fredricks</i>		MARYLAND	
Died at <i>Monticume Hospital</i>		Month <i>1</i>		Day <i>14</i>		Years <i>73</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>Shoe Cleaner</i>		Where Residing if not at place of death <i>Brunswick, Md.</i>					
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>John L. Jordan</i>		How related to deceased <i>unknown</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac decompensation &amp; Pleurisy</i>	How long <i>4 weeks.</i>
Immediate <i>Edema of Lungs</i>	How long <i>8 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>R. S. Lyson.</i>
	Address <i>Fredricks Md.</i>
Accident or Suicide?	





Name  
in  
Full


## CERTIFICATE OF DEATH

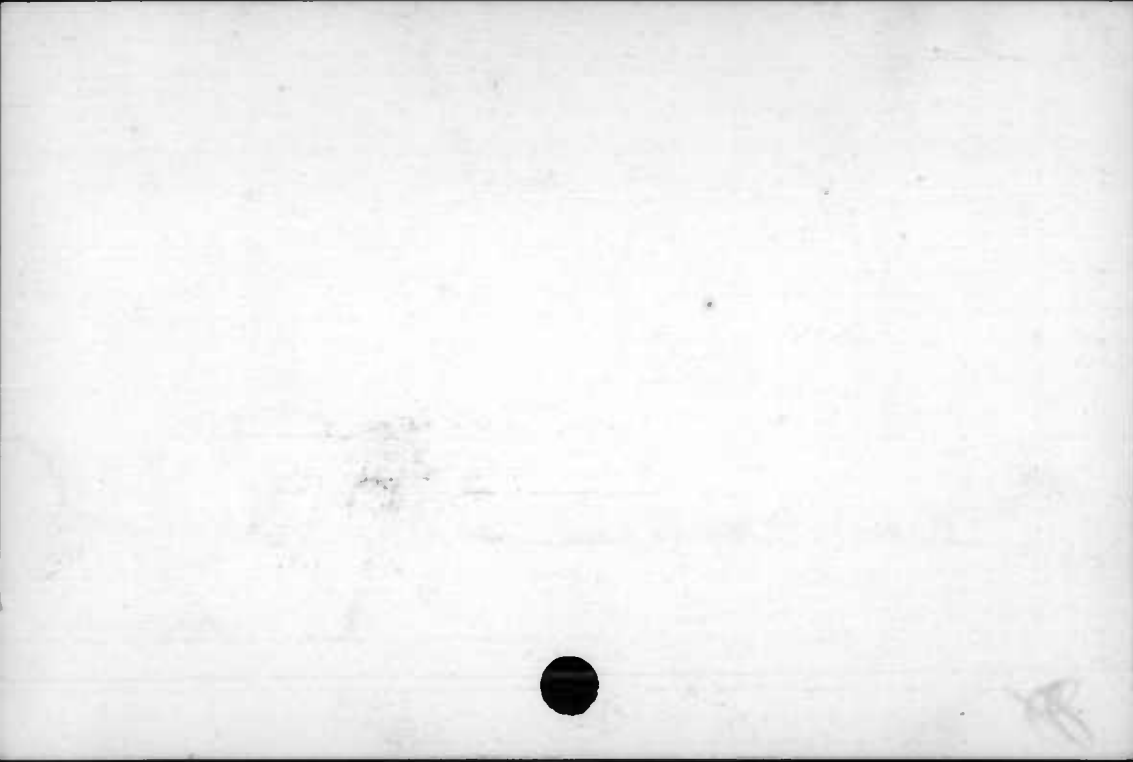
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gumtitsburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	January	Day	2nd
Age	79	Years		Months	0
Sex	Female	Color or Race	White	Birth-place	New York City
Occupation	Sister of Charity, Religious		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William McBoy.			Father's Birthplace	N. Y.
Mother's Maiden Name	Mary McAlhitta			Mother's Birthplace	N. Y.
Name of person giving information	St Bernadine Orendorf			How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Gastro-Int.	How long	Six Months
Immediate	Acute Rheumatism	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. B. Brainerd, M.D.	
		Address	
		Gumtitsburg	
 Accident or Suicide?			



Name  
in  
Full

Michael Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Washington</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1907</i> Year	<i>Jan</i> Month	<i>27</i> Day	Age	
Sex	<i>Male</i>		Color or Race	<i>White</i>	Birth-place
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>Unknown</i>		Name of Wife or Husband		
Father's Name	<i>Unknown</i>		Father's Birthplace		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace		
Name of person giving information	<i>no one</i>		How related to deceased		

## CAUSES OF DEATH

~~166~~PHYSICIAN  
OR CORONER

Primary	<i>Killed by cars, accidental</i>	How long	<i>Instantly</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>X</i>	Signature of Physician	<i>C. J. Goodell, M.D.</i>
<i>Coroner's inquest</i>		Address	<i>Frederick</i>
Accident or Suicide?	<i>Accident</i>		

N. C. Carter  
M. L. Stone

July 29/17

Name  
in  
Full

Scola May Martin

## CERTIFICATE OF DEATH

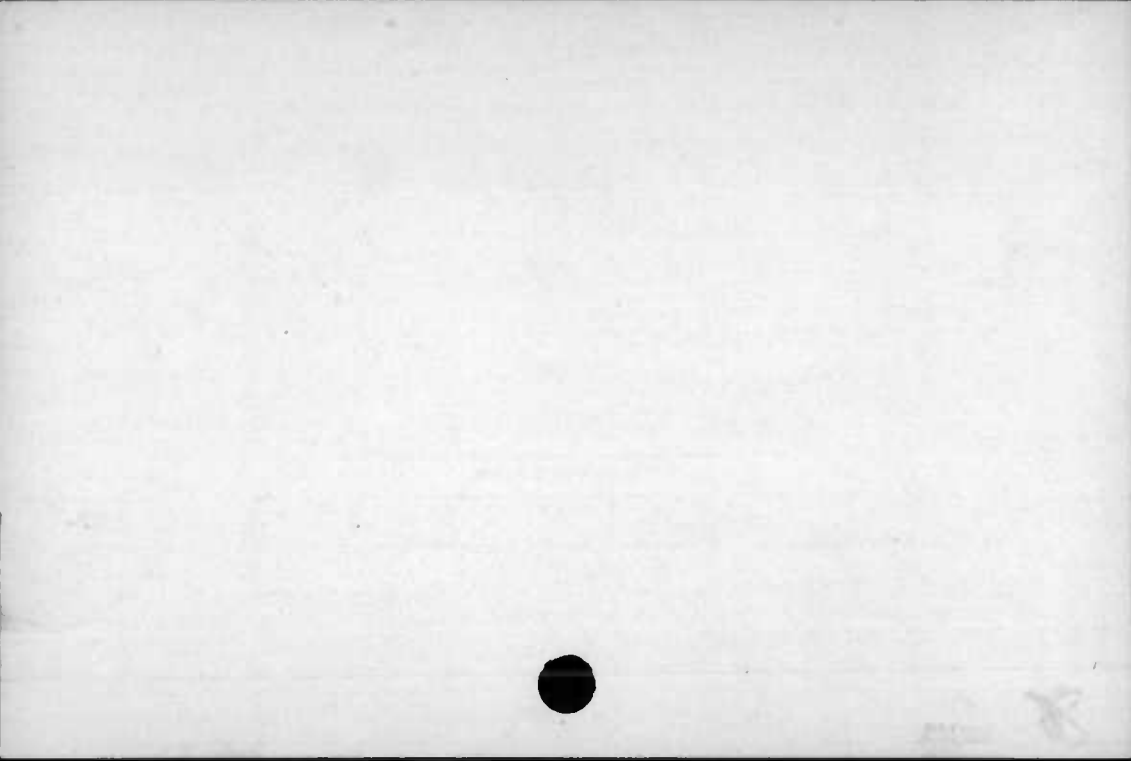
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1907	Month	Jan	Day	19	Age	Years 3
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Months <i>5</i>	
Occupation <i>chess</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>-</i>		Name of Wife or Husband					
Father's Name <i>C. P. Martin</i>		Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Joe H. Flora</i>		Mother's Birthplace <i>W. Va</i>					
Name of person giving information <i>C. P. Martin</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Subacute Meningitis</i>	How long <i>1 month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lerin West</i>
	Address <i>Brunswick Spiders Ex</i>
Accident or Suicide? <i>8</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

J. Casper Muhling

Died at

Town

Frederick

County

11

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

1

16

Age

72

7

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Farmer

Where Residing if not  
at place of death

X

Married, Single  
or WidowedName of Wife or  
HusbandBetty V. Eyles 7<sup>th</sup> wifeFather's  
Name

George Muhling

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Margaret Fetter

Mother's  
Birthplace

Germany

Name of person giving  
In formation

Betty Muhling

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Senile Debility.

How long

1 Year

Immediate

Incarcerated Hernia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. F. Goodlee, M.D.

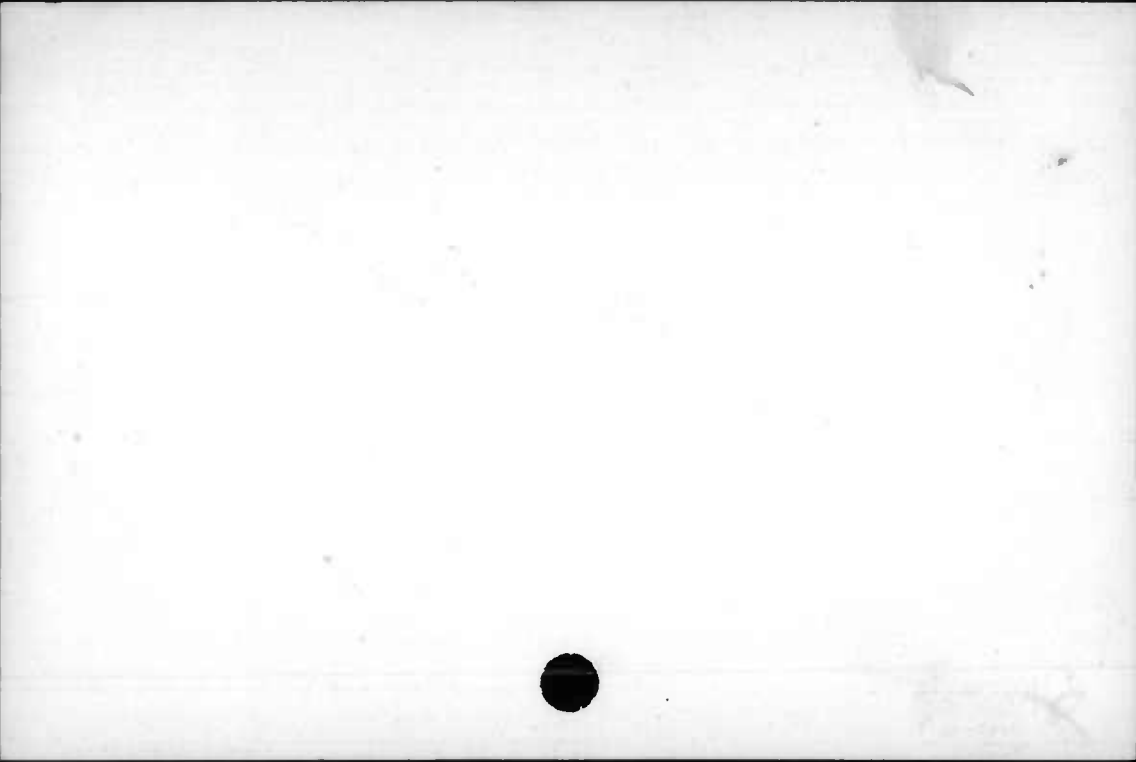
Address

Frederick

Accident or Suicide?

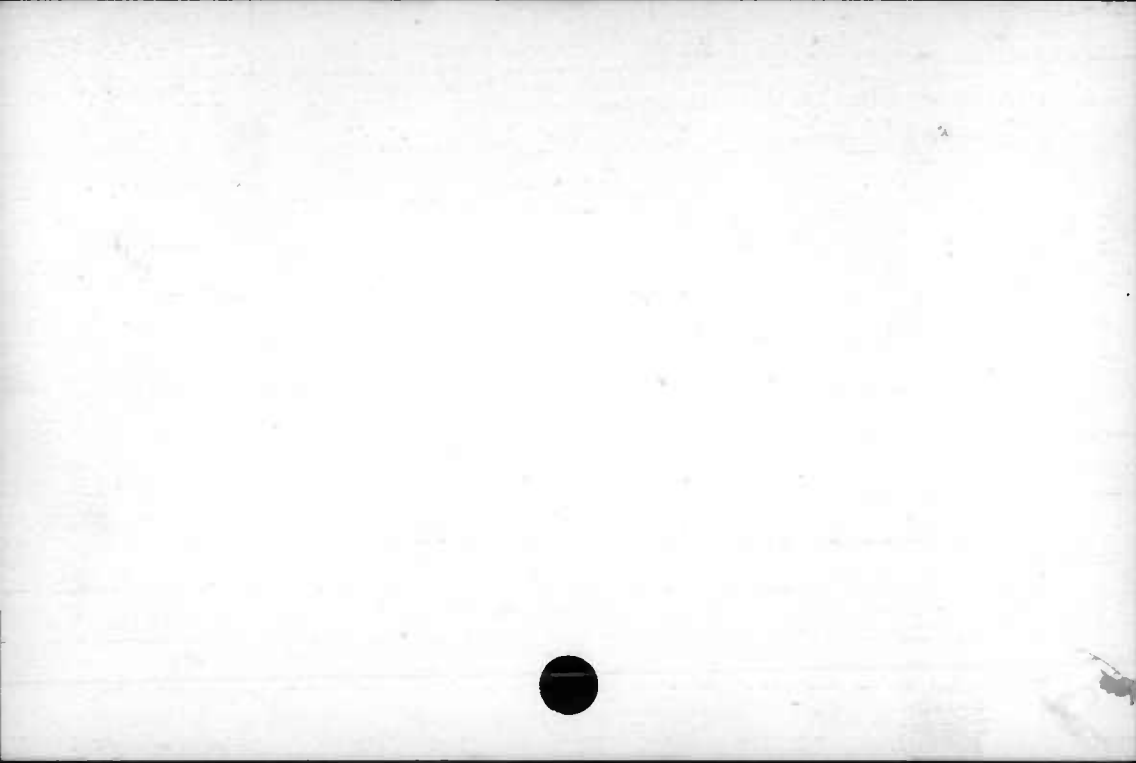
No

977d





Name in Full		Louisa Murson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baltimore	County Frederick		MARYLAND	
	Date of death	1907	Month Jan	Day 22	Age 68	Months —	Days —
	Sex	Female		Color or Race	White		Birthplace
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband William E. Murson			
	Father's Name	Nolley H. During				Father's Birthplace	Md
	Mother's Maiden Name	Sarah Avis				Mother's Birthplace	Md
Name of person giving information		Harry Murson				How related to deceased	Son
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	2 weeks
	Immediate	Typhemia				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
						John E. Bromwell	
						Ridgsville Md	
Accident or Suicide?							



Name  
in  
Full

Olivia Isabella Moore,

## CERTIFICATE OF DEATH

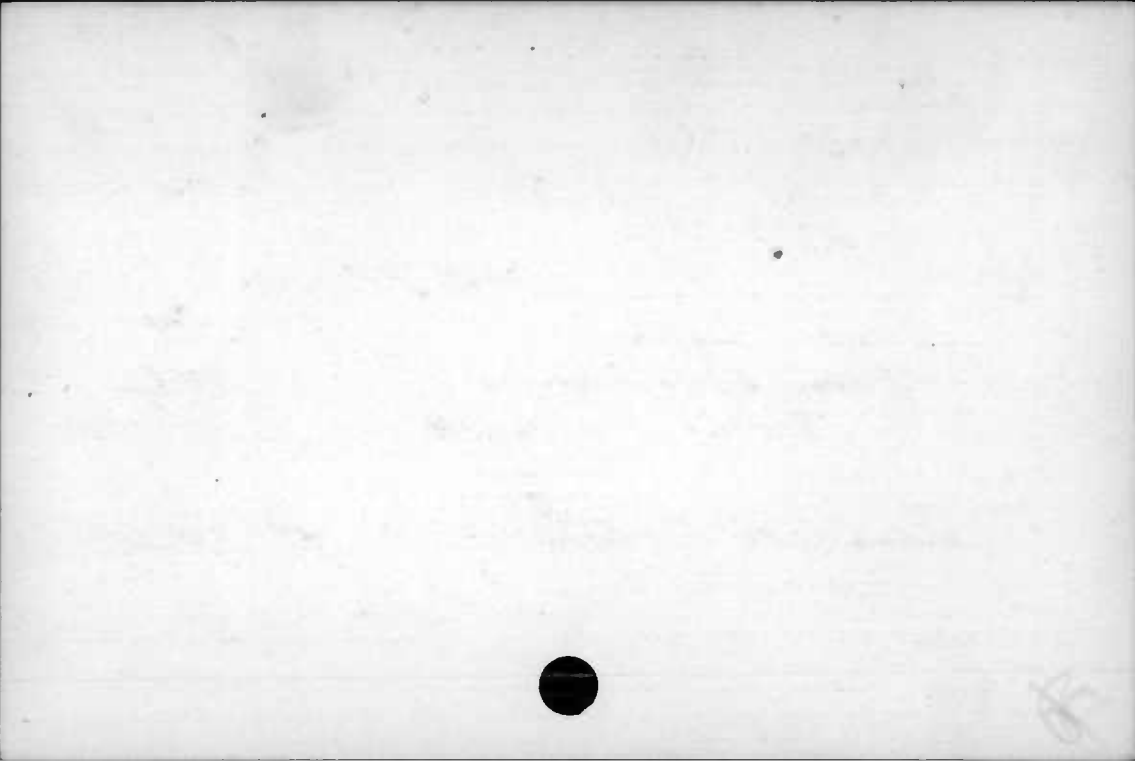
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Year</sup>	<i>Jan</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	Age <i>73</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup> <i>21</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Sister of Charity</i> <i>Religious</i>	Where Residing if not at place of death <i>=</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>=</i>				
Father's Name <i>James Moore</i>	Father's Birthplace <i>Balt Md</i>				
Mother's Maiden Name <i>Rebecca Neile</i>	Mother's Birthplace <i>Balt Md</i>				
Name of person giving information <i>Dr Bernardine Okudon</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Discharge to Heart</i>	How long <i>Since Nov this</i>
Immediate <i>Cyanosis</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Broadwell</i>
	Address <i>Emmitsburg</i>
Accident or Suicide?	



Name  
in  
Full

Ann Rebecca Morse

## CERTIFICATE OF DEATH

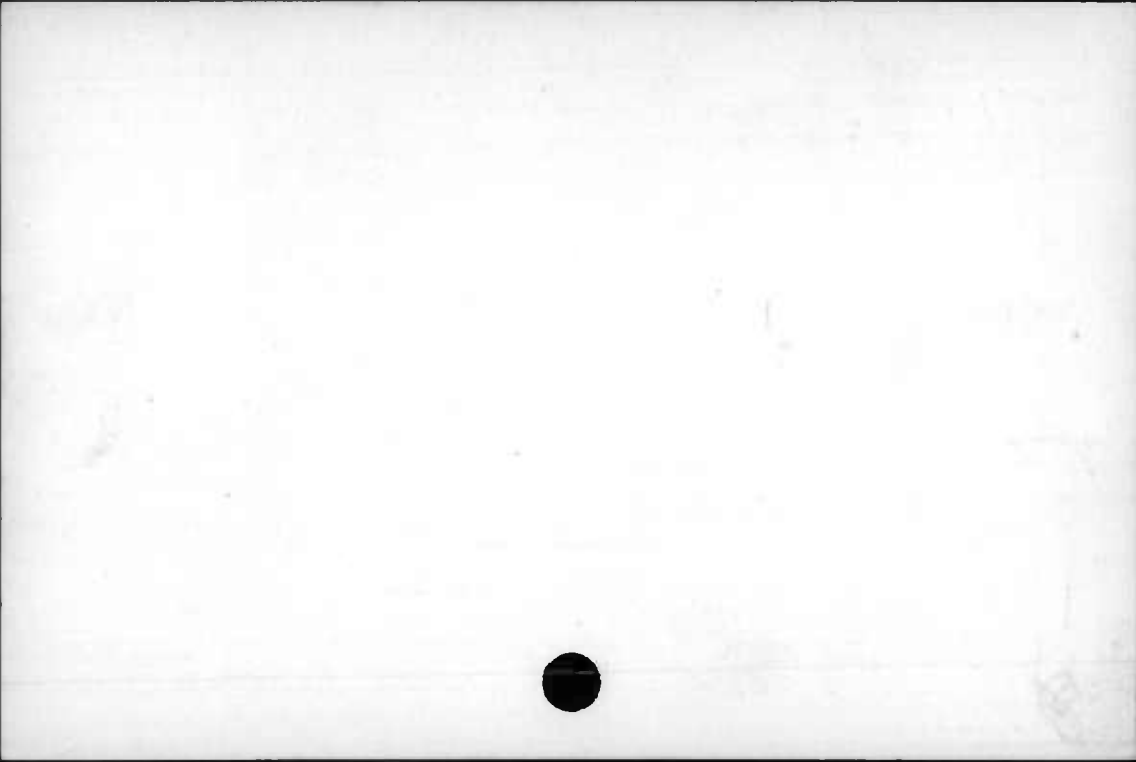
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town		County		MARYLAND	
Date of death	1907	Month	10	Day	3	Age	91
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	Retired		Where Residing if not at place of death		x		
<del>Married</del> or Widowed	Name of Wife or Husband		Wm B. Morse				
Father's Name	Charles Preston					Father's Birthplace	Md
Mother's Maiden Name	Nancy Baldwin					Mother's Birthplace	Md
Name of person giving information	Hester Morse					How related to deceased	daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Debility</i>		How long 1 Year
Immediate	<i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <i>Chas. F. Gordon MD</i>
Accident or Suicide?		No	
		Address	<i>Frederick Md</i>



Name  
in  
Full

Mary Ann Murray

## CERTIFICATE OF DEATH

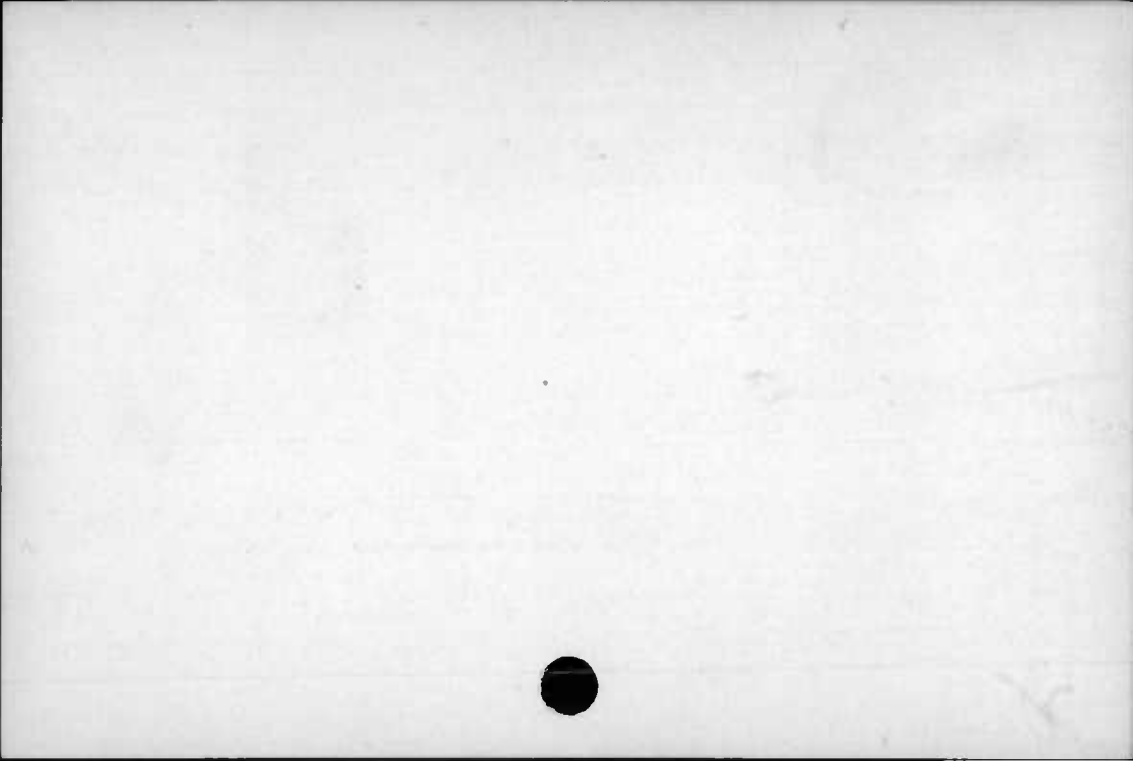
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND		
Date of death	<u>1907</u>	Month <u>Jan</u>	Day <u>15</u>	Age <u>65</u>	Months <u>1</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Brooklyn n y</u>			
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>married</u>		Name of <del>Wife</del> Husband <u>Edward B. Murray</u>				
Father's Name <u>James Ingle</u>			Father's Birthplace <u>Scotland</u>			
Mother's Maiden Name <u>Margaret Ingle</u>			Mother's Birthplace <u>Scotland</u>			
Name of person giving information <u>Miss Clara Oline</u>			How related to deceased <u>No relation</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Bronchitis (Fibroid degeneration)</u>	How long <u>20 years</u>
Immediate	<u>Pleurisy</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>[Signature]</u>
		Address <u>13 E Church Street</u> <u>Frederick md</u>
Accident or Suicide? <u>X</u>		





Name  
in  
Full

Edward Kangle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>	Day <i>8</i>	Age <i>X</i>	Years <i>X</i>	Months <i>X</i>	Days <i>23</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Md.</i>			
Occupation <i>X</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Napoleon Kangle</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Martha A Carbaugh</i>				Mother's Birthplace			
Name of person giving information <i>A. C. Carbaugh</i>				How related to deceased <i>Gr. "Father"</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3</i>
Immediate <i>Exhaustion</i>	How long <i>3</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Long</i>
	Address <i>City</i>
Accident or Suicide? <i>X</i>	

Fairfield  
Adams Co Pa

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Samuel M. Nipdorff</i>		Town <i>Fredrick</i>		County <i>"</i>		MARYLAND	
Died at <i>Fredrick</i>		Month <i>1</i>		Day <i>27</i>		Age <i>86</i>	
Date of death <i>1907</i>		Months <i>X</i>		Days <i>X</i>			
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Retired Banker</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or <del>Husband</del> <i>Susan McCormell</i>					
Father's Name <i>Tobias Nipdorff</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ellen Medtack</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Edw Schmidt</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Goodwin Md</i>
	Address <i>Fredrick, Md</i>
Accident or Suicide? <i>No</i>	

Jan  
1907



88

Name  
in  
Full

## CERTIFICATE OF DEATH

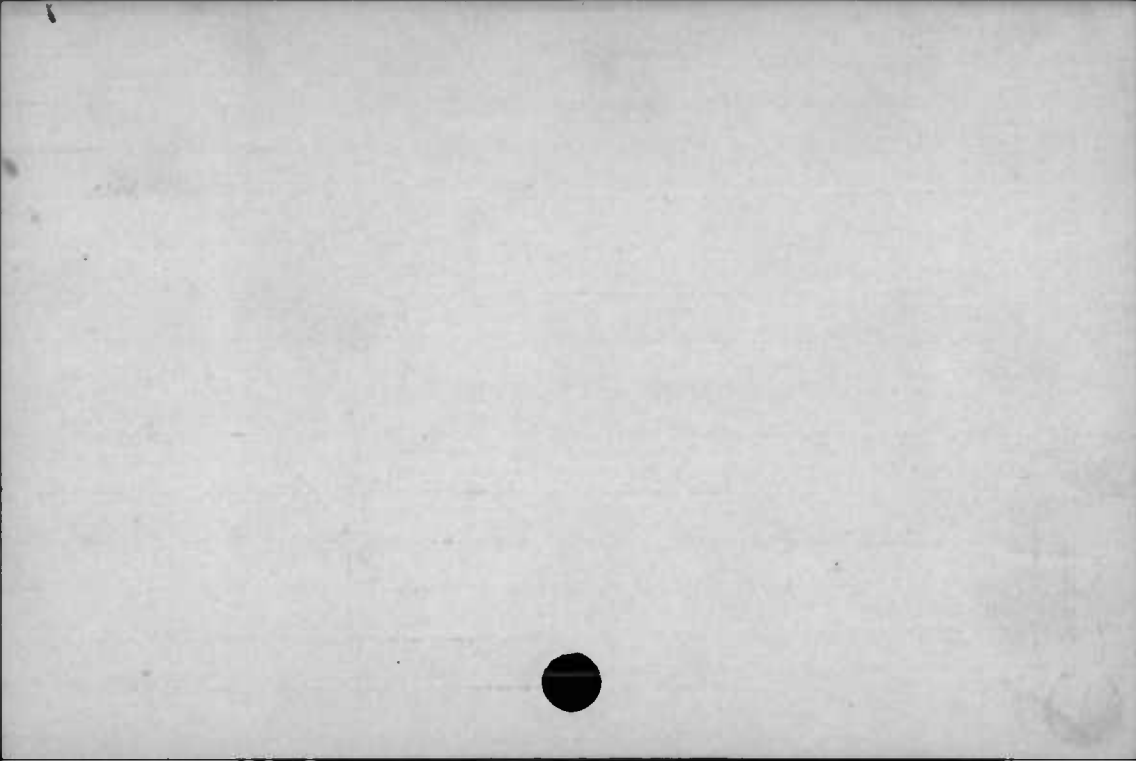
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Ramond D. Kumberger				Town		Brunswick		County		Frederick		MARYLAND	
Died at		Date of death		Month		Day		Years		Age		Months		Days	
1907		1		2		20		6		22					
Sex		male		Color or Race		white		Birth-place		Maryland					
Occupation		Brakeman		Where Residing if not at place of death		Knoxville Tenn									
Married, Single or Widowed		single		Name of Wife or Husband											
Father's Name		George B Kumberger		Father's Birthplace		Maryland									
Mother's Maiden Name		A. Kumberger		Mother's Birthplace		Maryland									
Name of person giving information		J. S. Martin		How related to deceased		none									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Killed by car		How long		166		Killed outright	
Immediate				How long					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. S. Hedges			
				Address		Brunswick Md.			
Accident or Suicide?									



Name  
in  
Full

*D. F. Endorff*

CERTIFICATE OF DEATH

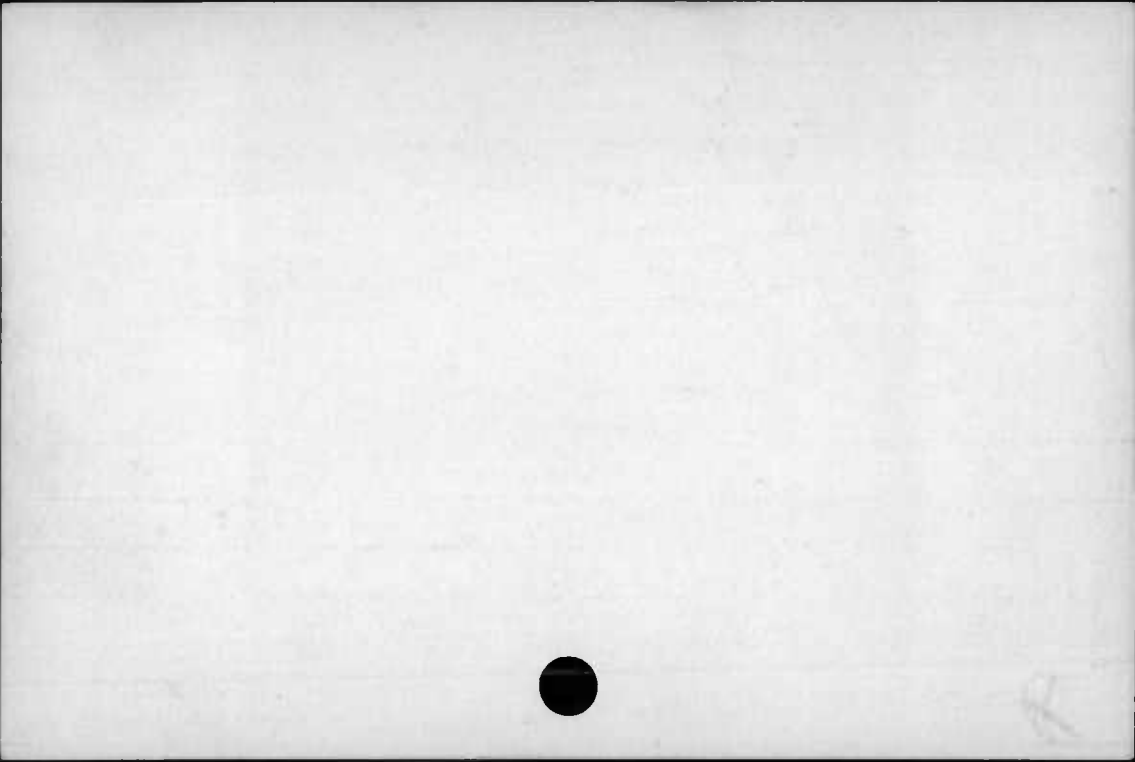
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurmont</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>2</i>	Age <i>79</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>retired</i>			Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or <del>Husband</del> <i>Johanna Bras</i>			
Father's Name <i>David Endorff</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Appledonia Toppus</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Vincent O'Loole</i>			How related to deceased <i>nephew by marriage</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fracture Humerus, Shock</i>	How long <i>10 days</i>
Immediate <i>Paralysis</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Horris A Birch</i>
	Address <i>Thurmont Md.</i>
Accident or Suicide? <i>~</i>	





Name  
in  
Full

Joseph F Payne

## CERTIFICATE OF DEATH

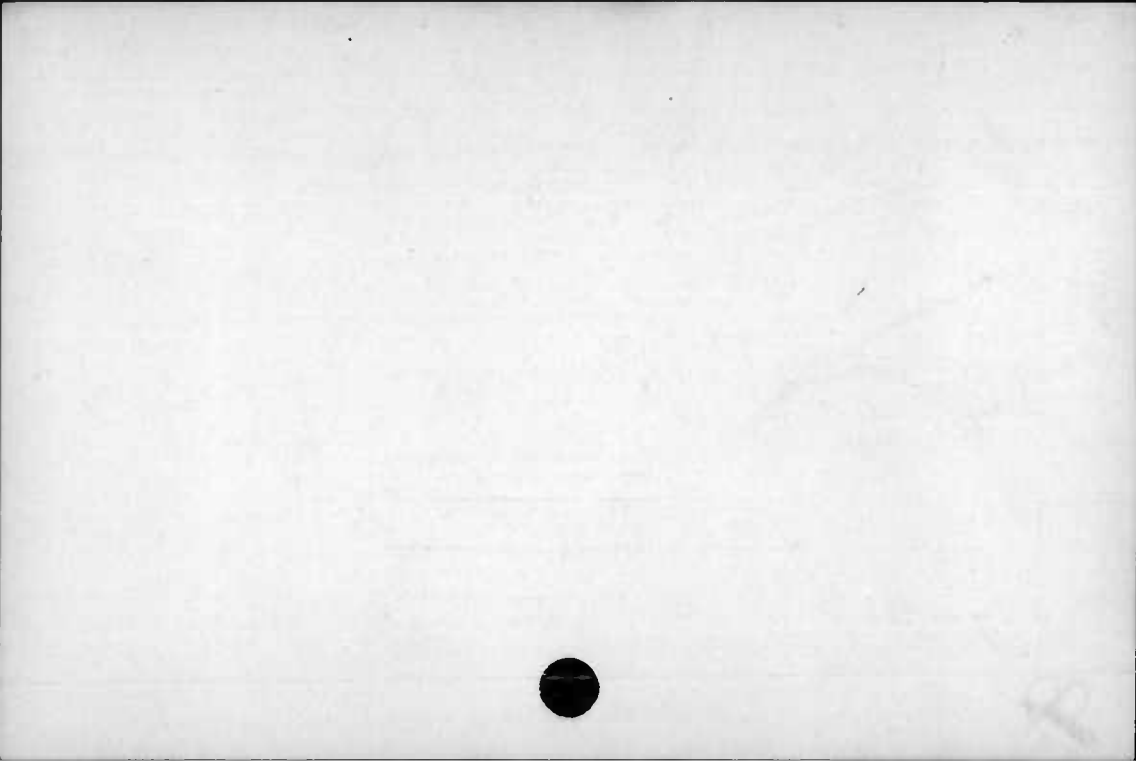
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	190 <i>6</i>	Month <i>1</i>	Day <i>3</i>	Age <i>76</i>	Years <i>8</i> Months <i>8</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mollie Staup</i>			
Father's Name <i>Joseph Payne</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Mrs J Payne</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	<i>154</i>	How long <i>2 years</i>
Immediate <i>Syncope</i>		How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Labner MD</i>	Address <i>736 Church St Frederick Md</i>
Accident or Suicide?		



Name  
in  
Full

Carmichael Robert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Burkettsville <sup>Town</sup> Paducah <sup>County</sup>

Date of death 1907 <sup>Month</sup> Jan <sup>Day</sup> 25 <sup>Years</sup> 14 <sup>Months</sup> 0 <sup>Days</sup>

Sex Female Color or Race White Birth-place Ind

Occupation Child Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name Lincoln RobertFather's Birthplace IndMother's Maiden Name Ruth CochranMother's Birthplace IndName of person giving information George ArnoldHow related to deceased none

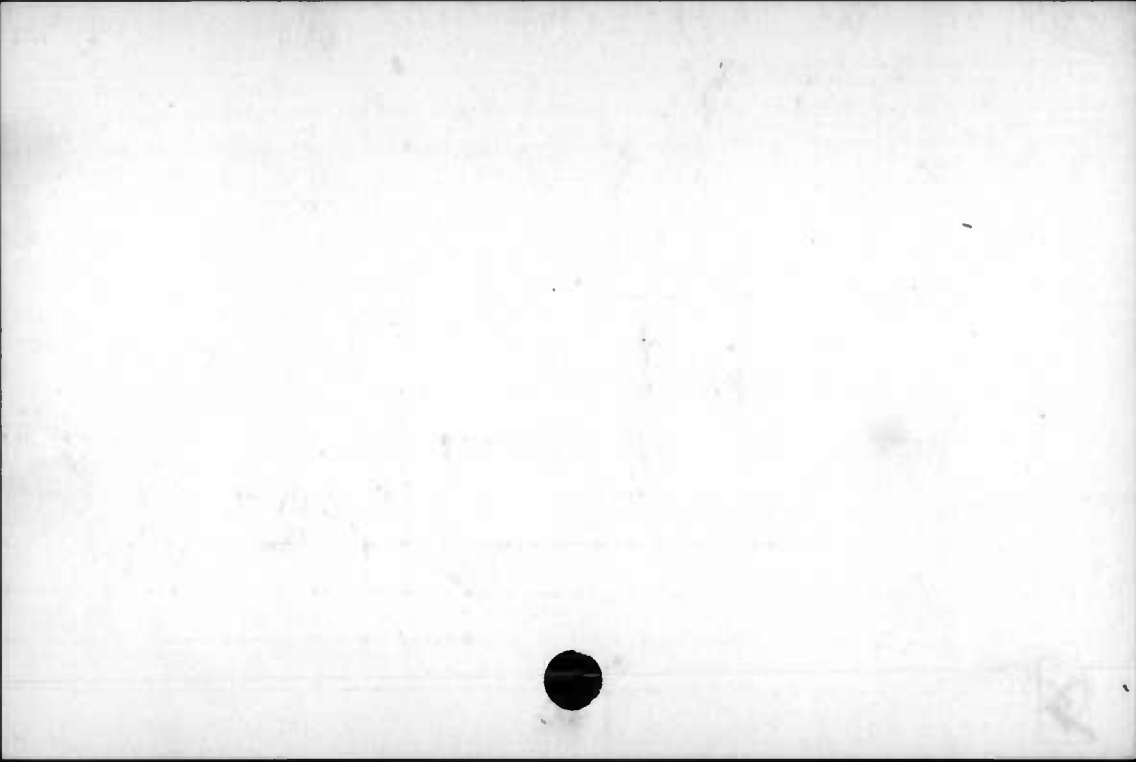
## CAUSES OF DEATH

Primary TuberculosisHow long 1 yrImmediate Exhaustion

How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician Geo. ArnoldAddress Burkettsville

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Thomas Sewell, M. 2

## CERTIFICATE OF DEATH

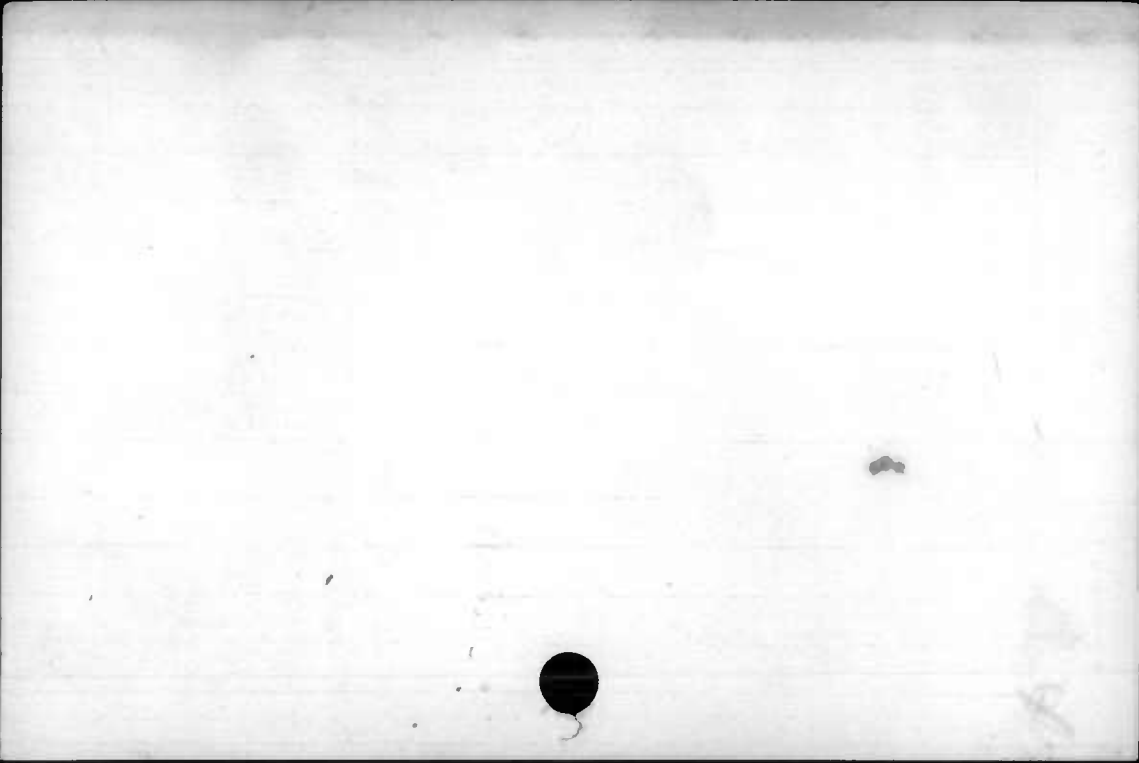
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Market</i>		Town <i>New Market</i>		County <i>Friederick</i>		MARYLAND	
Date of death 1907	Month <i>Jan.</i>	Day <i>25</i>	Age <i>17</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>New Market</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Labourer</i>					
Name of Wife or Husband							
Father's Name <i>William Sewell</i>				Father's Birthplace <i>Friederick Co</i>			
Mother's Maiden Name <i>Harriett Dorsey</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>William Sewell</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>25</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Phillips</i>	
		Address <i>R. B. Randall, Undertaker</i>	
Accident or Suicide? <i>No,</i>		<i>New Market, Maryland.</i>	



Name  
in  
Full

Charles Clarence Shorb

## CERTIFICATE OF DEATH

Town

County

Died at

Chesapeake Town

Frederick County

MARYLAND

Date

of death 1907

Month

Jan

Day

17

Age

Years

Months

5

Days

12

Sex

Male

Color or  
Race

White

Birth-  
place

Chesapeake Ind

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Chas A. Shorb

Father's  
Birthplace

Chesapeake Ind

Mother's  
Maiden Name

Susan C. Balfell

Mother's  
Birthplace

Chesapeake Ind

Name of person giving  
Information

Will Shorb

How related  
to deceased

Grand father

## CAUSES OF DEATH

Primary

Croup.

How long

2 days

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Geo

Signature of  
Physician

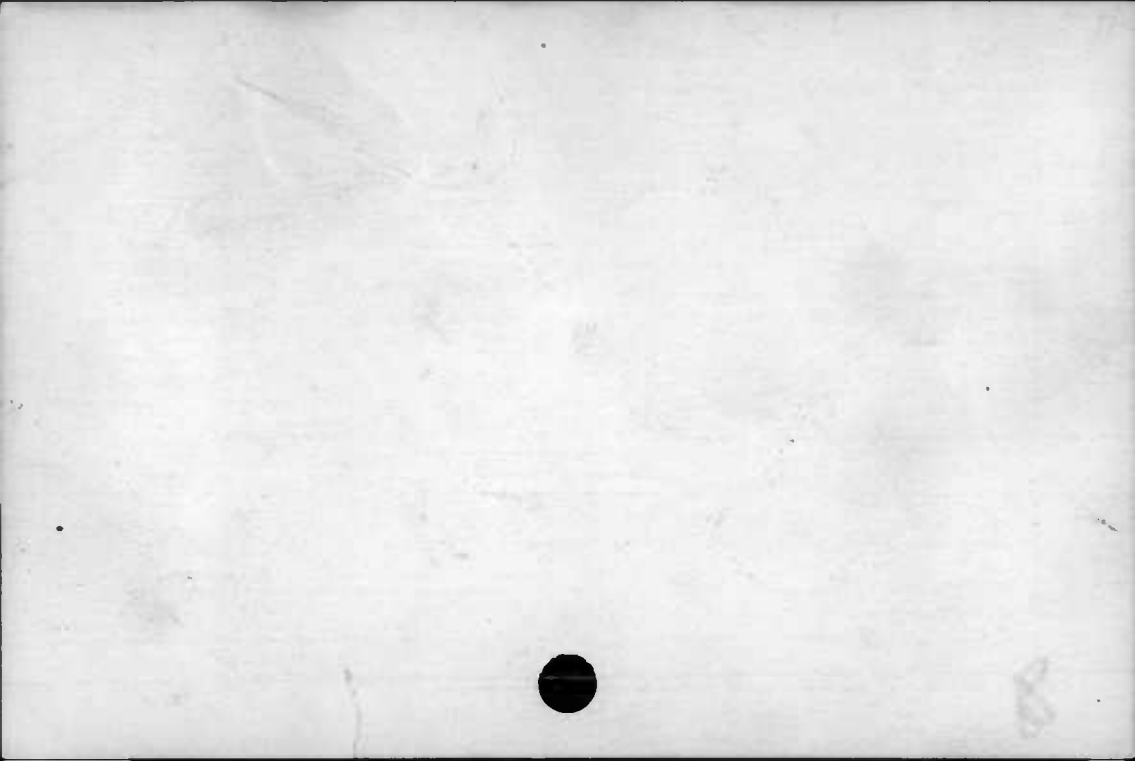
E. E. K. Farnham

Address

Shirburn-Ind.

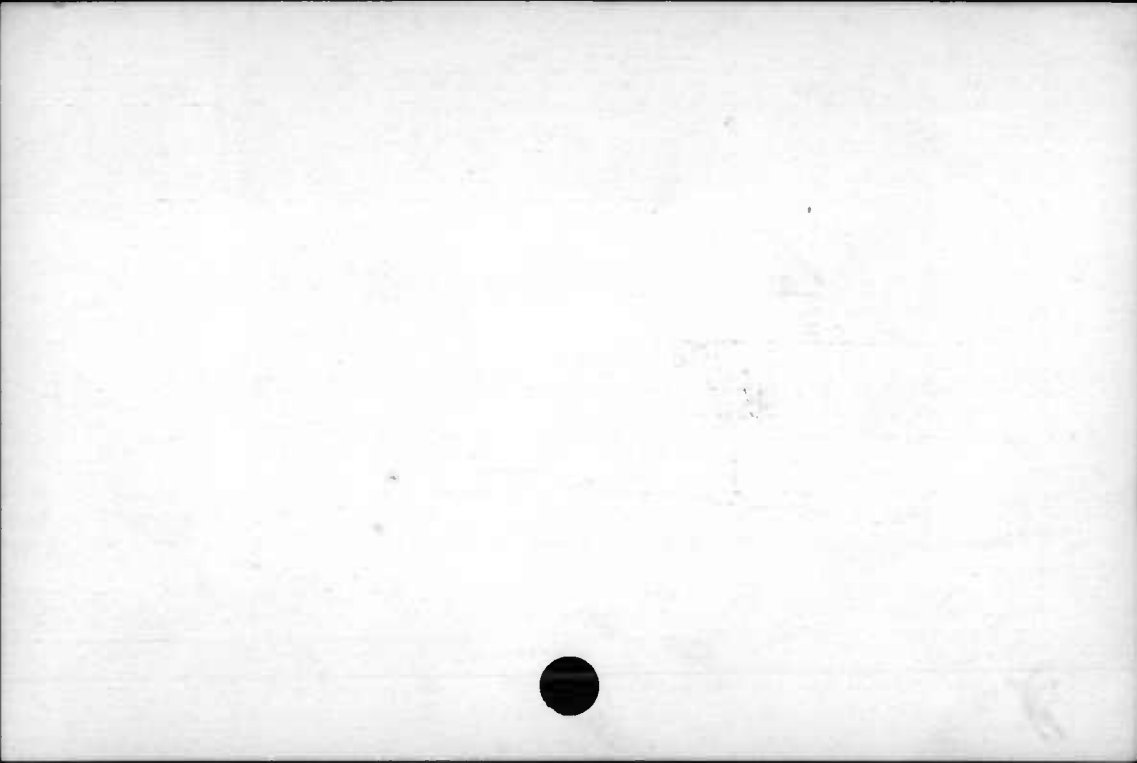
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		Anna B. Siles					CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Emmitsburg</i> Town			County <i>Fredrick</i>			MARYLAND	
		Date of death <i>1907</i>		Month <i>1</i>	Day <i>27</i>	Age <i>28</i>	Years	Months <i>4</i>	Days <i>23</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
		Occupation <i>House wife</i>			Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband <i>Stewart Siles</i>					
PHYSICIAN OR CORONER		Father's Name <i>Geo Miller</i>			Father's Birthplace <i>MD</i>				
		Mother's Maiden Name <i>Emma J Harbaugh</i>			Mother's Birthplace				
		Name of person giving information <i>Geo W. Miller</i>			How related to deceased <i>Father</i>				
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Puerperal Pyemia</i>			How long <i>10 days</i>				
		Immediate			How long				
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>W. E. Stone</i>				
		Address <i>Emmitsburg MD</i>			Address				
		Accident or Suicide?							



Name  
In  
Full

Laura V Simmons

CERTIFICATE OF DEATH

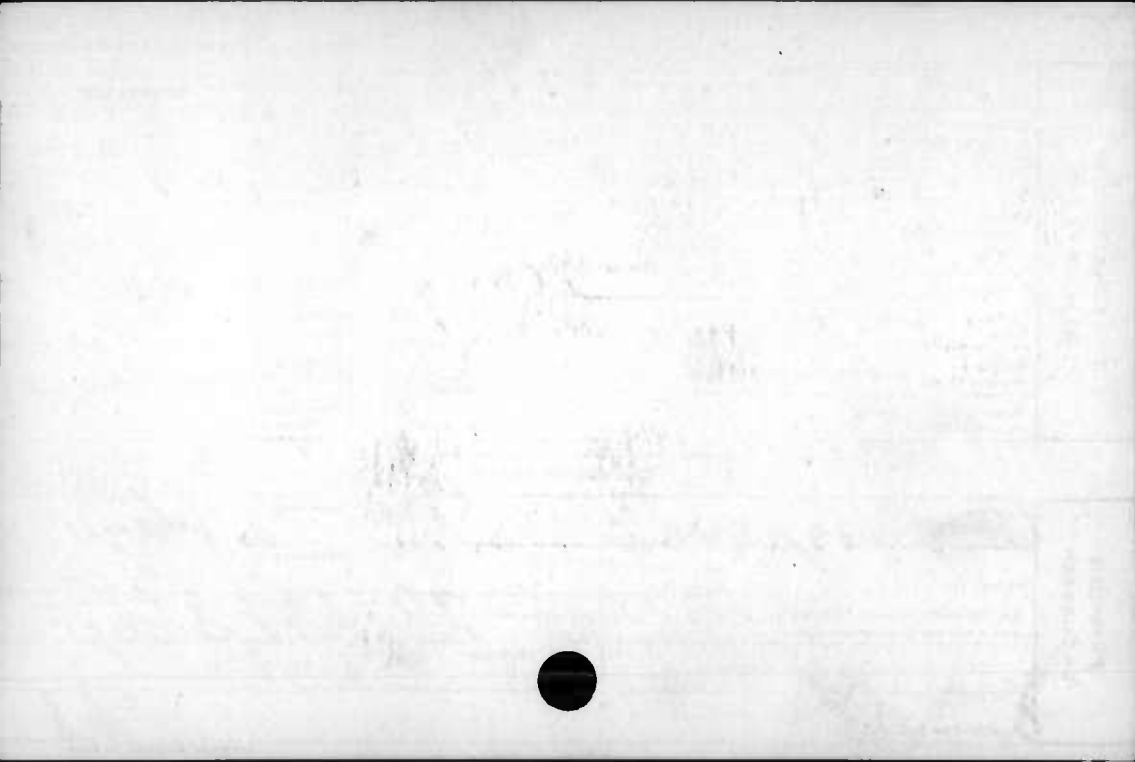
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fredrick</u> Town <u>Fredrick</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>1</u>	Day <u>24</u>	Age <u>48</u> Years Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>	
Occupation <u>W</u>	Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed <u>—</u>	Name of Husband <u>Harry Simmons</u>		
Father's Name <u>Benj. Butler</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Hester Douglass</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Nannie Cambridge</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Labsipper</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. A. Long</u>
	Address <u>Ind</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

David Six

## CERTIFICATE OF DEATH

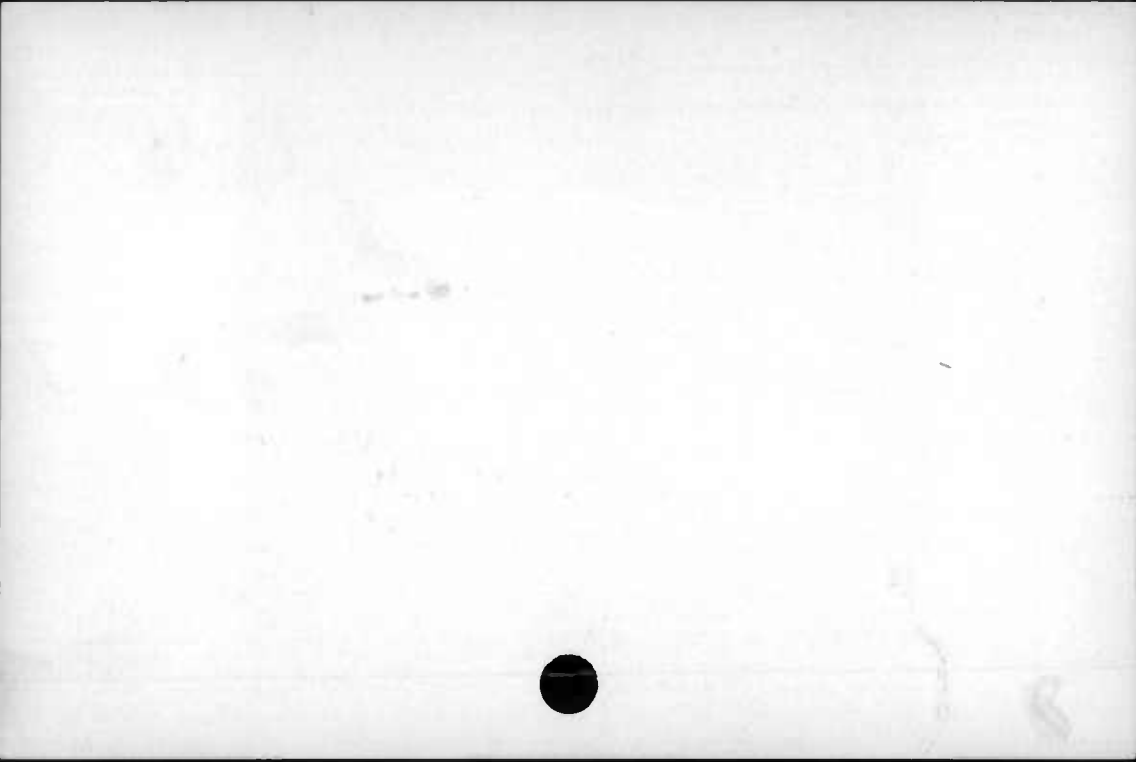
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ladysburg</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Jan</i> <small>Month</small>	<i>12</i> <small>Day</small>	<i>64</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Wd.</i>	Name of Wife or Husband <i>Julia A Six</i>				
Father's Name <i>John Six</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Dr. D.E. Hoff</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gangrene &amp; Heart disease</i>	How long <i>3. Mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D.E. Hoff</i>
	Address <i>Union Bridge, Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Julia Ann Six* Town *Ladysburg* County *Fredensck* MARYLAND

Died at *Ladysburg*

Date of death *1907* Month *Jan* Day *9* Age *70* Years Months *6* Days *13*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *David H. Six*

Father's Name *John Haugh* Father's Birthplace *Maryland*

Mother's Maiden Name *Catharine* Mother's Birthplace *Maryland*

Name of person giving information *Dr. D.E. Hoff* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Phthisis* How long *1 year.*

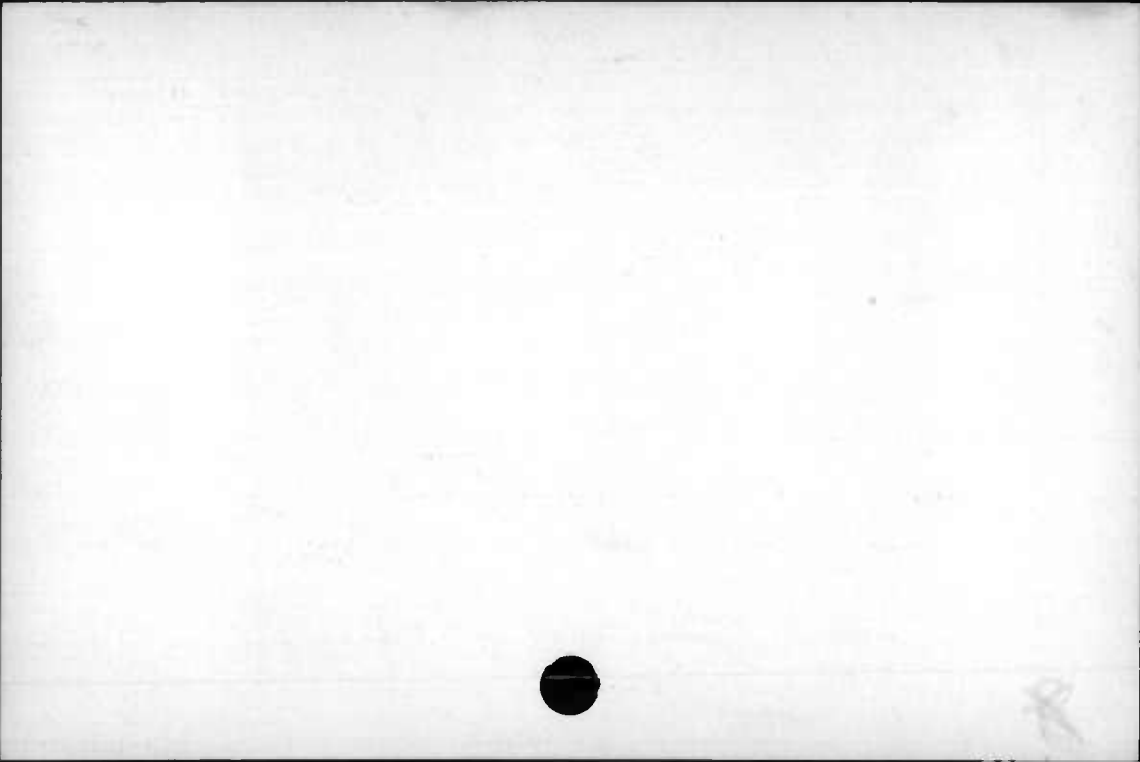
Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

Charlotte M. Skinner

CERTIFICATE OF DEATH

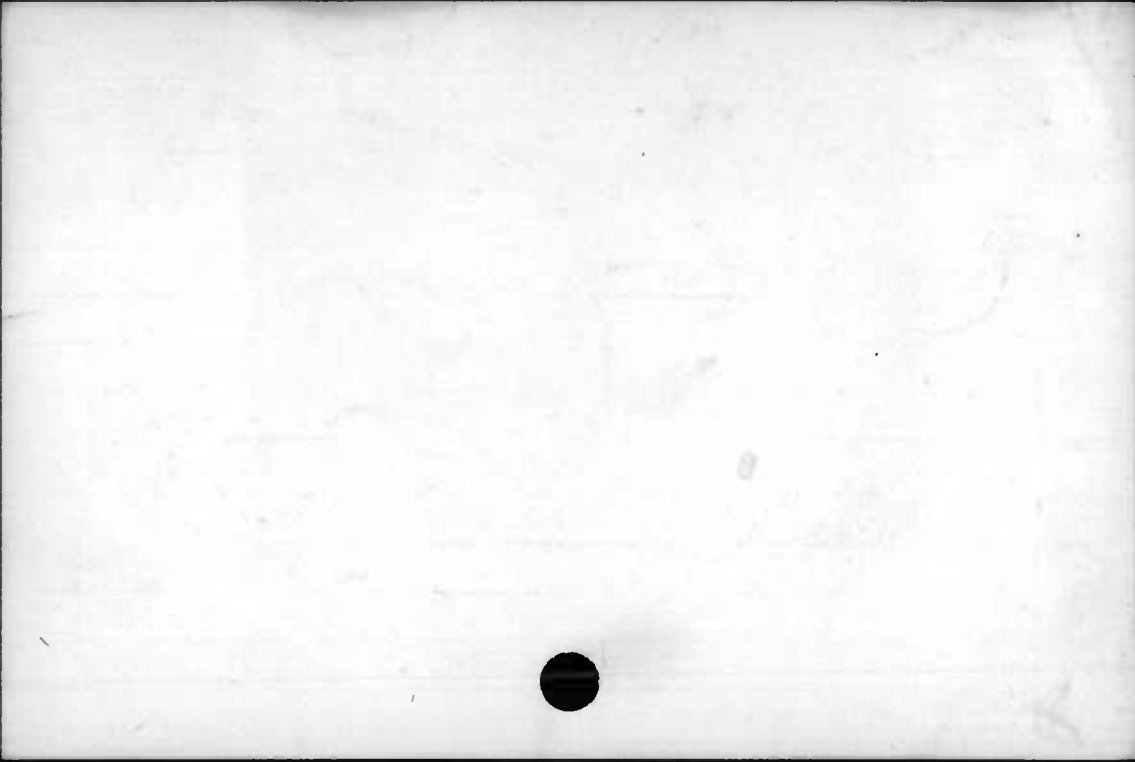
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i>		Town		<i>Fredericks</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>		Day <i>22</i>		Age <i>74</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Carroll Co Md</i>		Months <i>—</i>		Days <i>—</i>	
Occupation <i>House Wife</i>				Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>				Name of <del>Wife or</del> Husband <i>John W. Skinner</i>					
Father's Name <i>James Waters</i>				Father's Birthplace <i>Carroll Co Md</i>					
Mother's Maiden Name <i>Matilda Gray</i>				Mother's Birthplace <i>Mont. Co Md</i>					
Name of person giving information <i>James Skinner</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>		How long <i>120</i>	
Immediate <i>Exhaustion</i>		How long <i>120</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. McComas</i>	
		Address <i>Fredericks</i>	
Accident or Suicide? <i>—</i>		<i>Md</i>	



Name  
in  
Full

Catherine Cordelia Smith

## CERTIFICATE OF DEATH

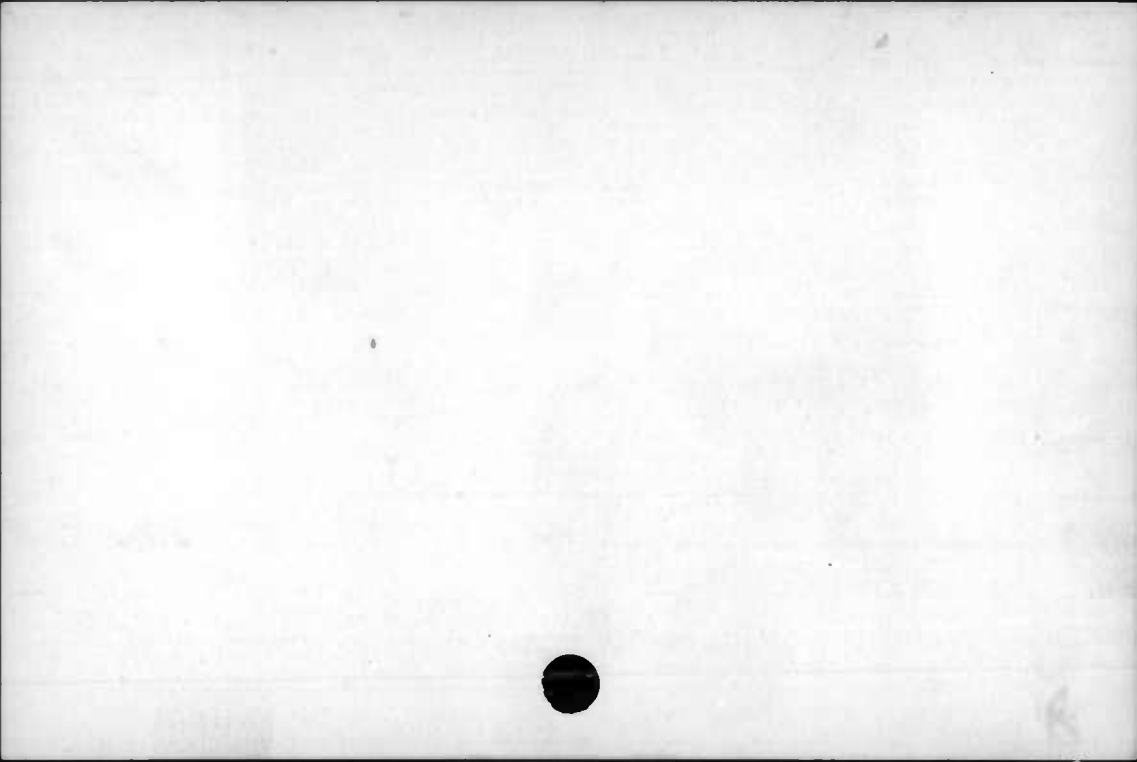
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mountville		<sup>County</sup> Fredk		MARYLAND	
Date of death	1907	Month	1	Day	6
Age	38	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Fredk Co,
Occupation	Spinster		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband James Smith,		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Annie Smith			How related to deceased Daughters,	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	27
Immediate	Exhaustion.	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		F. S. Bouley,	
		Mountville, Md.	
Accident or Suicide?			



Name  
in  
Full

Elizabeth Smith  
Town Fredrick County Fredrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

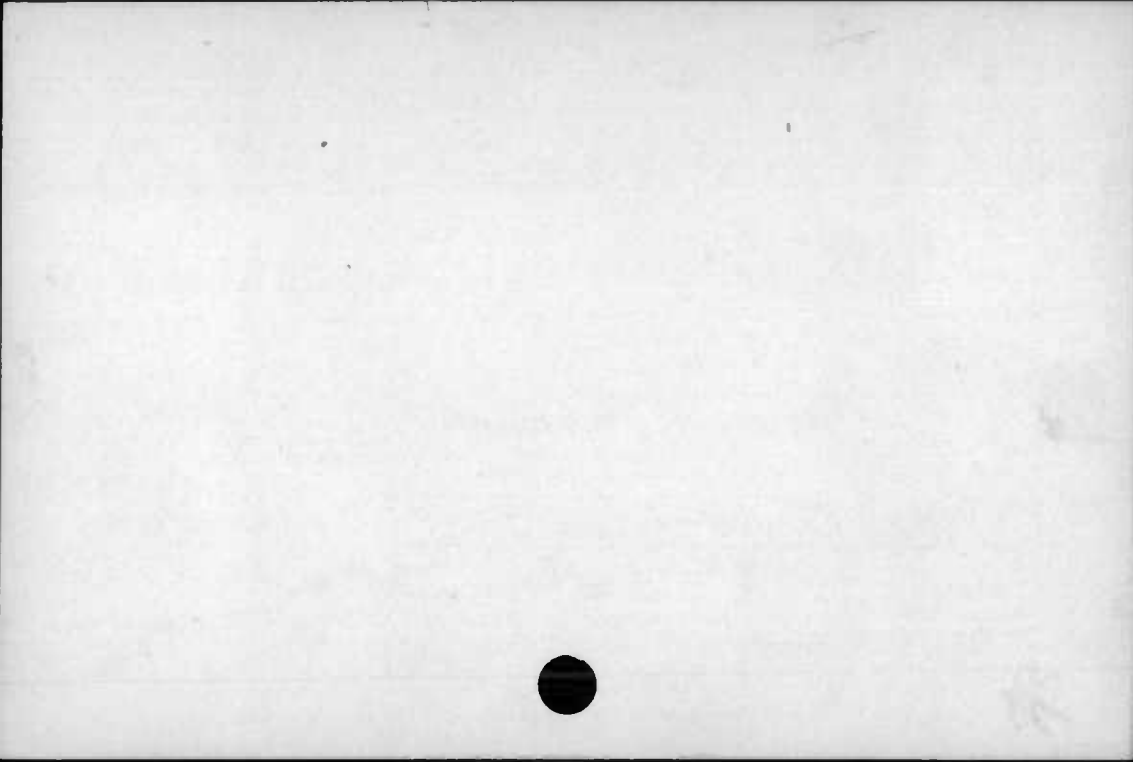
Died at		Date of death		Age		Birth-place	
Fredrick		1907 Jan 30		93		Md	
Sex		Color or Race		Occupation			
Female		Colored		Cook			
Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death			
widowed		Israel Smith decd		—			
Father's Name		Father's Birthplace		Mother's Birthplace			
Proctor		Africa		Africa			
Mother's Maiden Name		Name of person giving information		How related to deceased			
Antunum		Mary Jones		Friend			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Immediate	How long	How long
Apoplexy		Immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm Crawford Johnson	
Accident or Suicide?		Address	
no		Fredrick Md	

64



Name  
in  
Full

Mrs Fannie Smith.

## CERTIFICATE OF DEATH

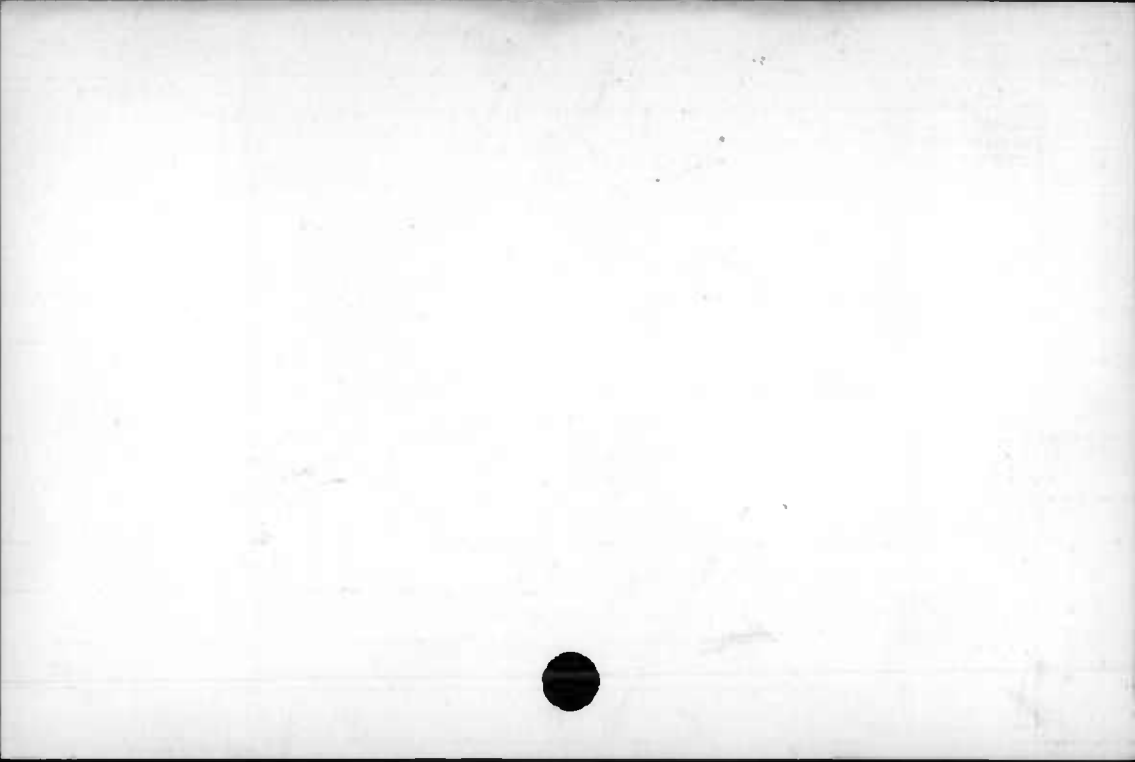
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indues</i> Town		<i>Indues</i> County		MARYLAND	
Date of death	1907	Month	Jan	Day	12
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Indues Co Md</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. William Smith</i>				
Father's Name <i>Henry DeGraff</i>	Father's Birthplace <i>Indues Co Md</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Edward Schroder</i>	How related to deceased <i>Nephew to the</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>Gradual</i>
Immediate <i>Endo-carditis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Johnson</i>
	Address <i>Indues Md</i>
Accident or Suicide?	





Name  
in  
Full

Amie Clark Snowden

## CERTIFICATE OF DEATH

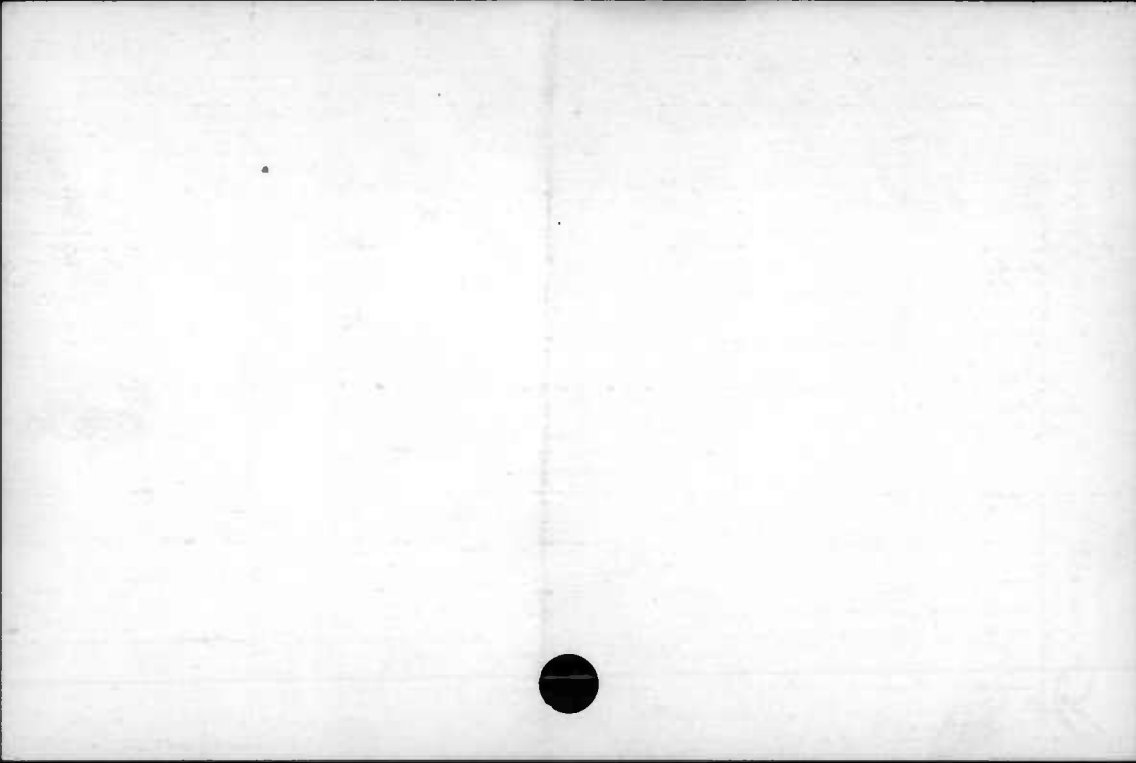
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Stalkersville		County Frederick		MARYLAND	
Date of death		Month January	Day 27	Age 2	Years	Months 3	Days 13
Sex Female		Color or Race Colored		Birth-place Frederick			
Occupation				Where Residing if not at place of death Stalkersville			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Edward Thomas colored				Father's Birthplace Harrisburg Pa.			
Mother's Maiden Name Mable E. Snowden				Mother's Birthplace Frederick Md.			
Name of person giving information				How related to deceased mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia single	How long	93	2 weeks
Immediate	Double Pneumonia	How long		8 days
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		John J. Remsburg		
Address		Stalkersville Md.		
Accident or Suicide?		Frederick County.		



Name  
in  
Full

Charles W. Spencer

## CERTIFICATE OF DEATH

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

1

25

Age

—

1

12

Sex

Male

Color or  
Race

Black

Birth-  
place

City

Occupation

—

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Otha Spencer

Father's  
Birthplace

Md

Mother's  
Maiden Name

Bertha Smith

Mother's  
Birthplace

Md

Name of person giving  
Information

Bertha Smith

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Catarrhal Pneumonia

How long

8 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. A. Long

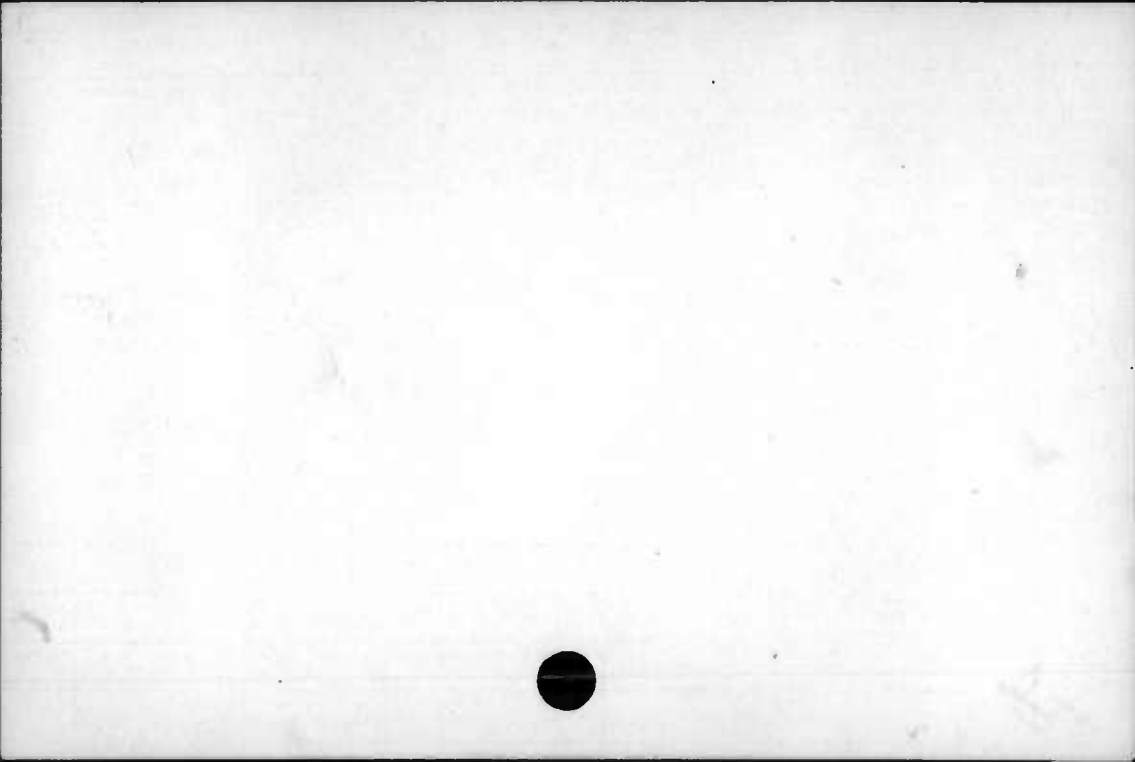
Address

City

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullNo. 1.  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Market</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	1	Day	1
Age	98	Years	3	Months	6
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Frederick</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Edwin Starr</i>		
Father's Name	<i>Obad Beaumont</i>			Father's Birthplace	
Mother's Maiden Name	<i>May Beaumont</i>			Mother's Birthplace	
Name of person giving information	<i>R R Randle</i>			How related to deceased <i>none</i>	

## CAUSES OF DEATH

Primary

*Old age*

How long

Immediate

*Failure of vital forces*

How long

Are the name, age, sex, color, date and place correctly given above?

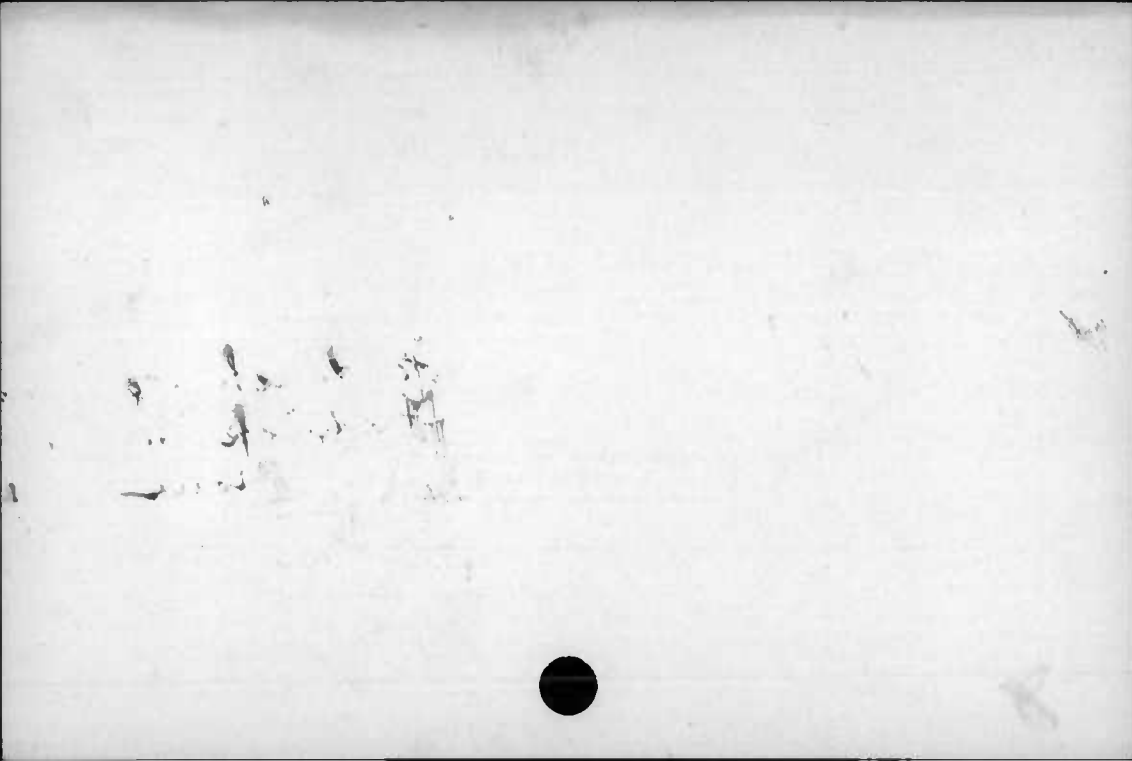
*Yes*

Signature of Physician

Address

*J M Downey M.D.*  
*Frederick*

Accident or Suicide?



Name  
in  
Full

Sarah Ann Stevens

## CERTIFICATE OF DEATH

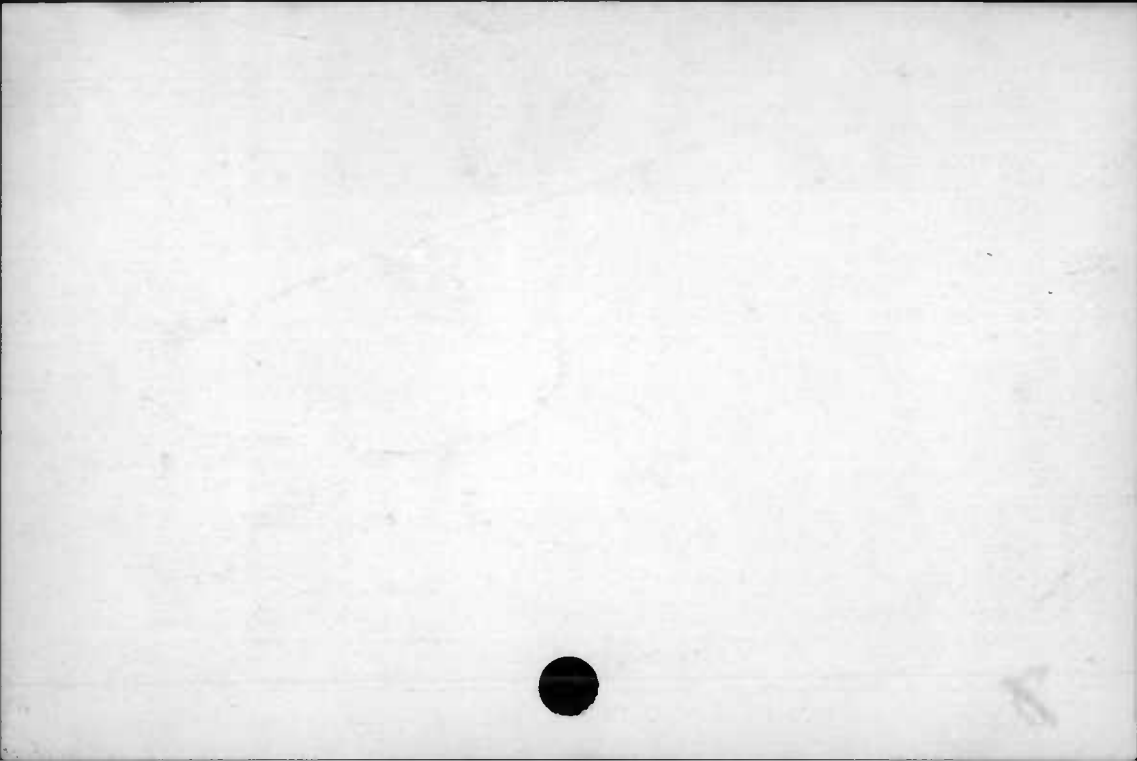
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Unionville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>90</i>	Years <i>no</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		Months <i>no</i>	Days <i>1</i>
Occupation <i>None</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Hobatia Stevens</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Rebecca Rial</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Thomas C. Pearre</i>	How related to deceased <i>In no way</i>				

## CAUSES OF DEATH

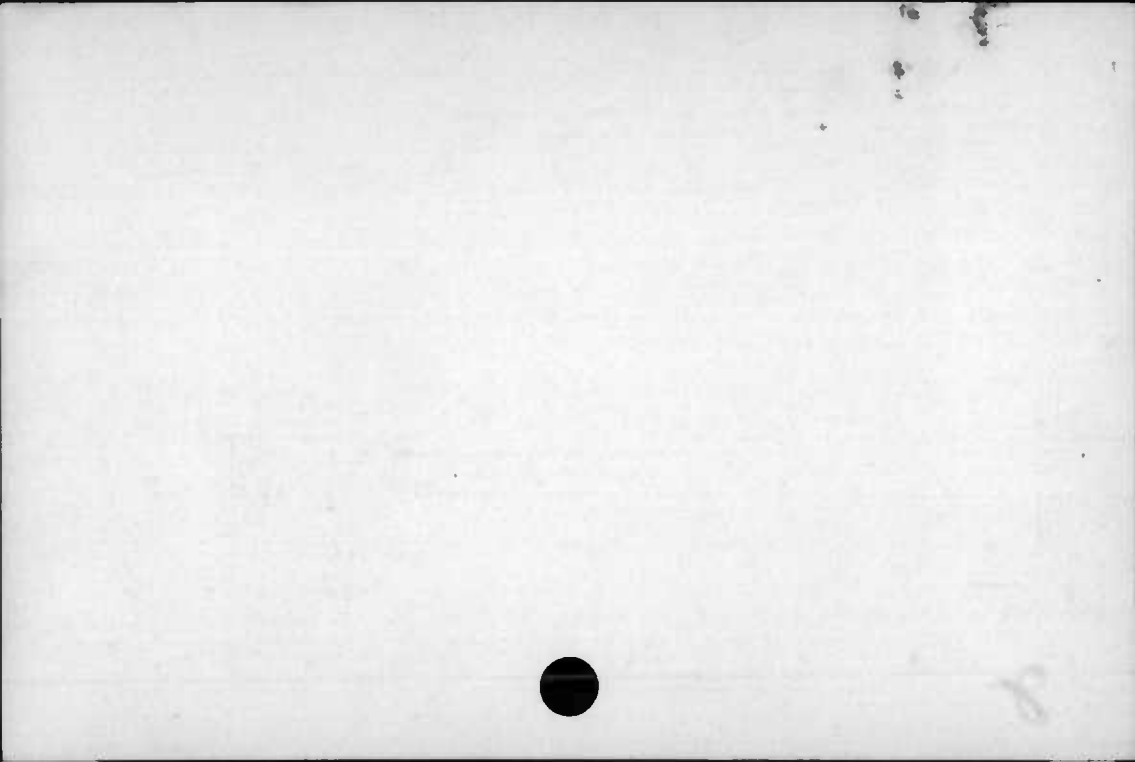
PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of age</i>	How long <i>90</i>
Immediate	<i>A Cold</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Thomas P. Sappington</i>
		Address <i>Unionville</i>
		<i>Maryland</i>
Accident or Suicide?		

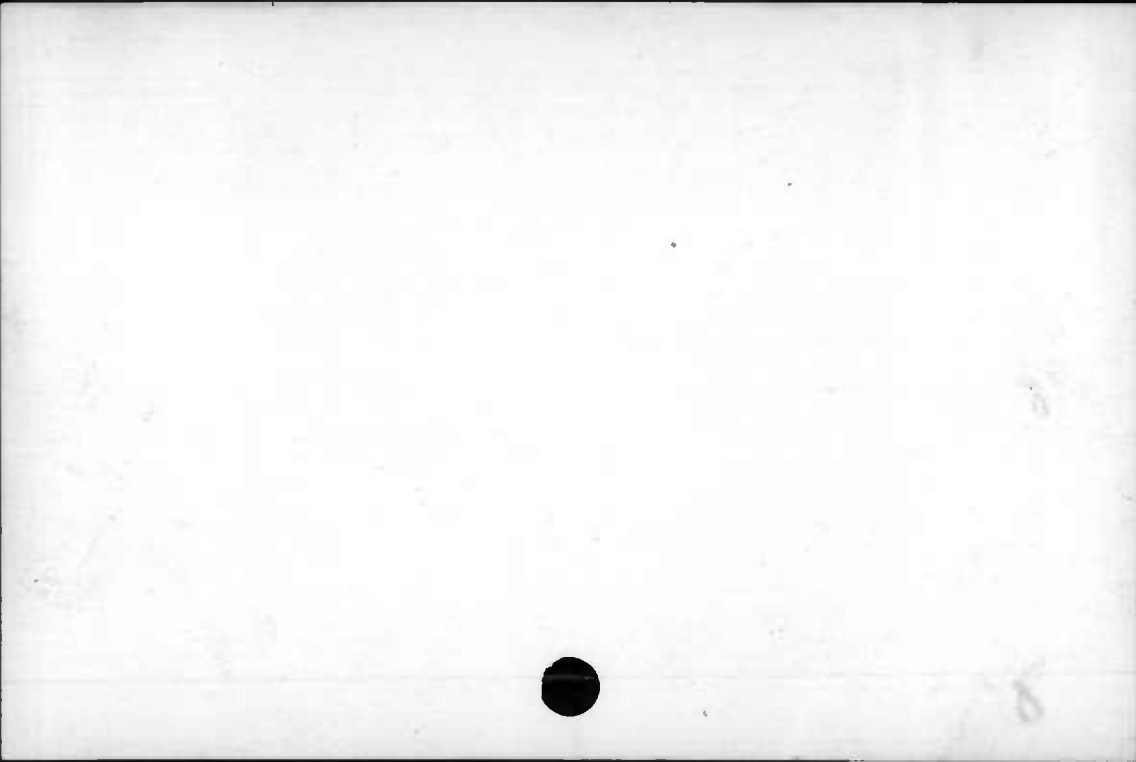




Name in Full		Herbert H. Stonesizar				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Emmitsburg		<sup>County</sup> Frederick		MARYLAND		
		Date of death 1907		Month Jan.	Day 10	Years 29	Months 4	Days 12
		Sex Male		Color or Race White		Birth-place Union Mills		
		Occupation Miller		Where Residing if not at place of death Emmitsburg				
		Married, Single or Widowed Single		Name of Wife or Husband				
		Father's Name Andrew Stonesizar		Father's Birthplace Honor				
		Mother's Maiden Name Elizabeth Jane Byers		Mother's Birthplace Westminster				
Name of person giving information Andrew Stonesizar		How related to deceased Father						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Acute Nephritis		How long 19		3 weeks		
		Immediate Uremia		How long 19		6 hours		
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B. L. Jamison				
				Address Emmitsburg Maryland				
8		Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Garfield</i>		Town <i>Frederick</i>		County <i>Frederick</i>
	Date of death <i>1907 Jan 30</i>		Month <i>Jan</i>	Day <i>30</i>	Age <i>12</i>
	Sex <i>Female</i>		Color or Race <i>white</i>		Months
	Occupation <i>Schoolgirl</i>		Where Residing if not at place of death		Days
	Married, Single or Widowed		Name of Wife or Husband		Birth-place <i>Garfield, Md</i>
	Father's Name <i>J. D. Swope</i>		Father's Birthplace <i>Md</i>		
	Mother's Maiden Name <i>Mary Hueley</i>		Mother's Birthplace <i>Md</i>		
	Name of person giving information <i>Mary Swope</i>		How related to deceased <i>mother</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>complication of diseases</i>		How long <i>4 wks</i>		
	Immediate <i>Heart disease</i>		How long <i>a few hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Smith</i>		
	Address <i>Wellsville Md</i>				
Accident or Suicide? <i>No</i>					



Name  
In  
Full

Mary Talbott-

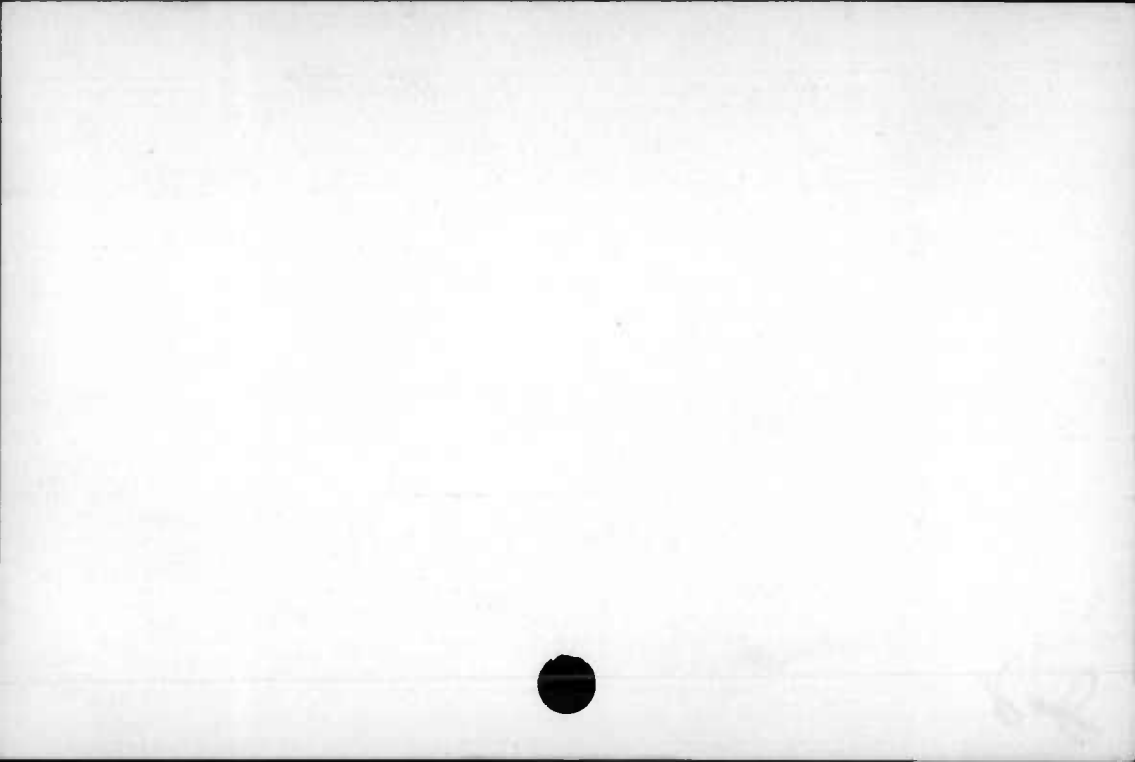
3  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Market</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>4</u>	Month <u>1</u>	Day <u>26</u>	Age Years <u>75</u>	Months <u>10</u>	Days <u>9</u>
Sex <u>Female</u>	Color or Race		Birth-place		
Occupation <u>Housekeeper</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Samuel Talbott</u>		Father's Birthplace <u>Frederick</u>			
Mother's Maiden Name <u>Catherine Banks</u>		Mother's Birthplace <u>Frederick Co</u>			
Name of person giving information <u>D. Brown</u>		How related to deceased <u>None</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. Brown</u>
<u>8</u>	Address <u>New Market</u>
Accident or Suicide?	



Name  
in  
Full

Harmon C. Thomas

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Frederick <sup>County</sup> Frederick MARYLAND

Date of death 1907 Month 1 Day 20 Age 30 Years Months 7 Days 1

Sex Male Color Black Birth-place Md

Occupation School teacher Where Residing if not at place of death X

Married, Single or Widowed Name of Wife or Husband Sarah Thomas

Father's Name X Geo. Thomas Father's Birthplace X Md

Mother's Maiden Name X Louise Jones Mother's Birthplace X Md

Name of person giving information Emma Barber How related to deceased Mother

## CAUSES OF DEATH

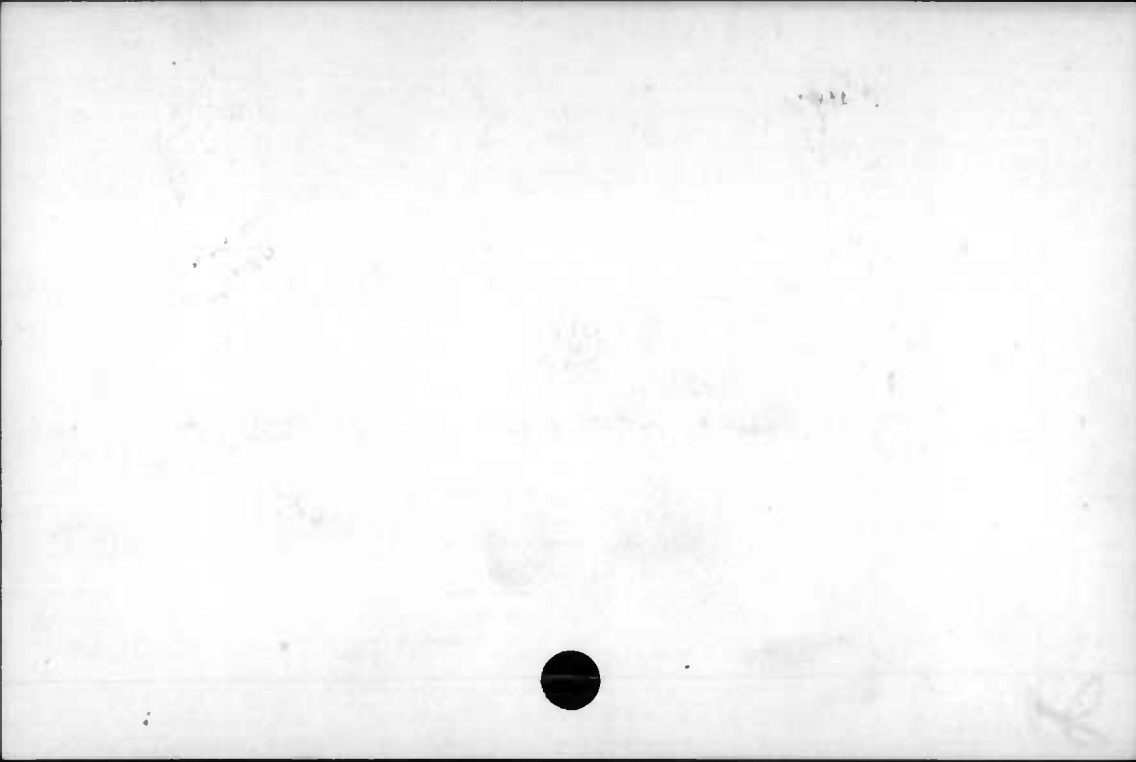
Primary Consumption How long 24 hrs

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

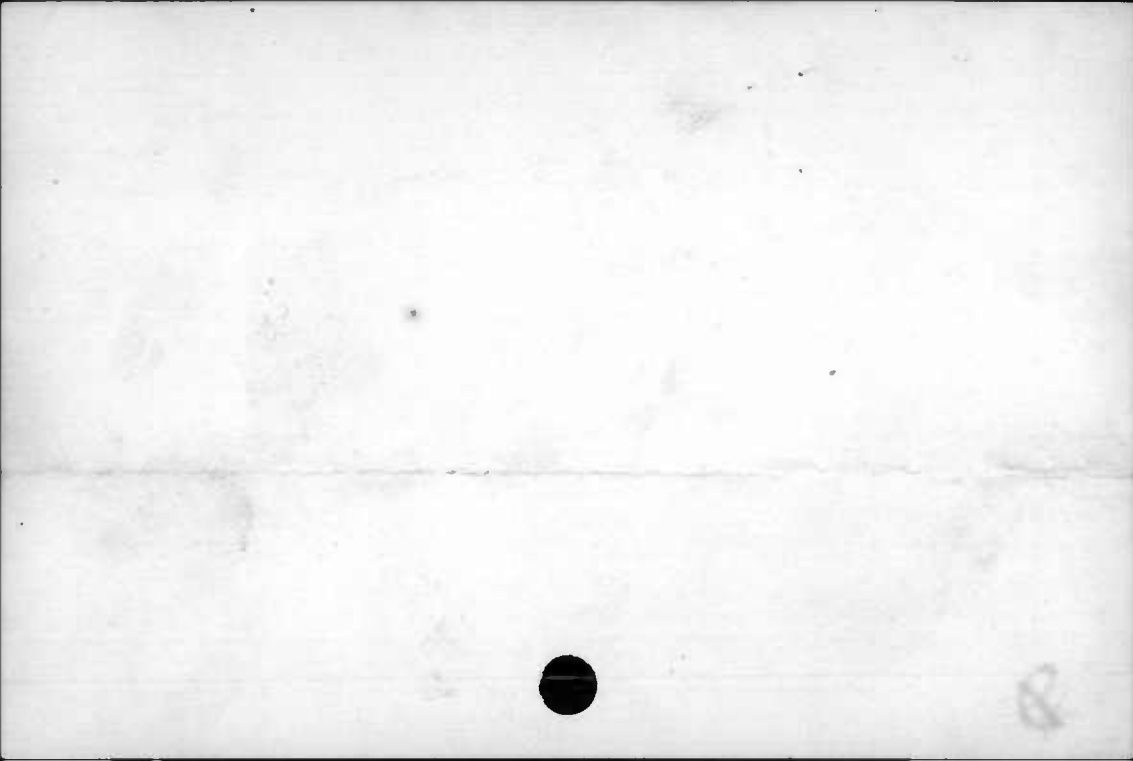
Signature of Physician W. A. Long Address City

Accident or Suicide





PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth Wagner.

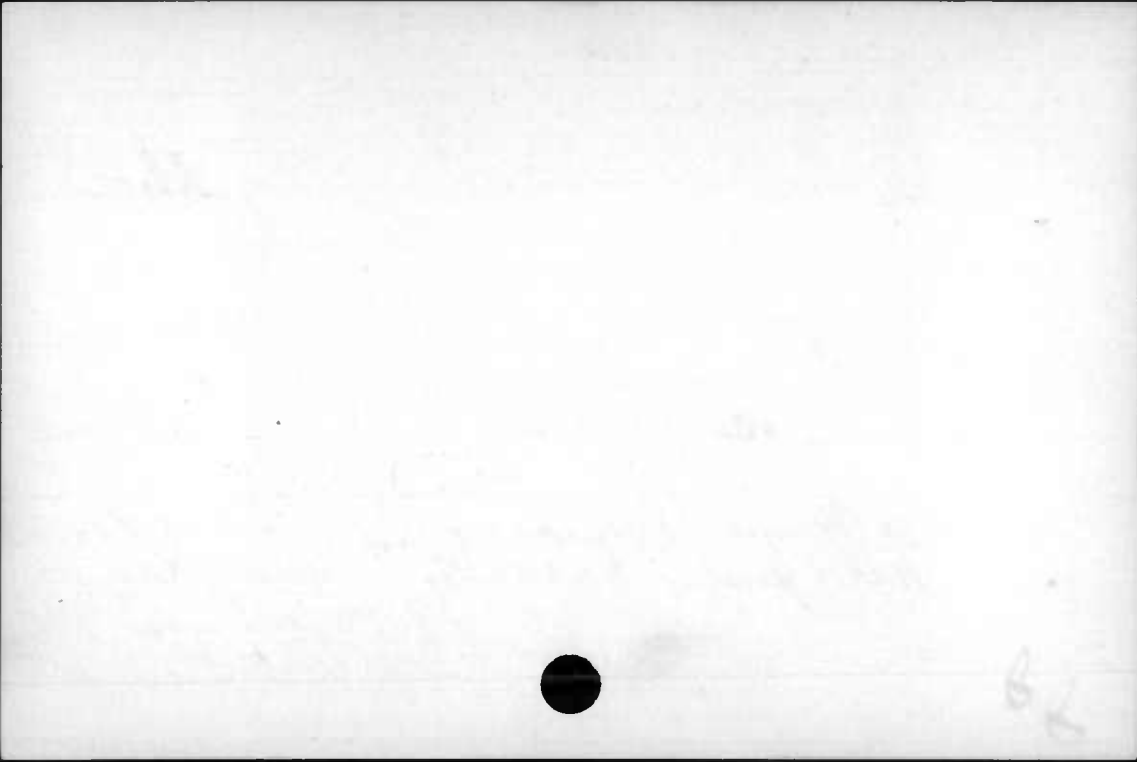
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Unionville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>3</i>	Age	Years	Months <i>21</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Vernon Wagner</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ray</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Dr. Whitehill</i>		How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>151</i>
Immediate <i>"</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Whitehill</i>
	Address <i>Unionville, Md</i>
Accident or Suicide?	



Name  
in  
Full

Addie I. Wantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>	Day <i>23</i>	Age <i>37</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>					
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Emmittsburg</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert M. Wantz</i>					
Father's Name <i>Frank Caldwell</i>		Father's Birthplace <i>Pa. Ind.</i>					
Mother's Maiden Name <i>Louisa Smith</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>R. M. Wantz</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

Primary *Eclampsia during Pregnancy* *13th* *14 wks.*Immediate *Post. Operative Insanity* *Four days*

Are the name, age, sex, color, date and place correctly given above?

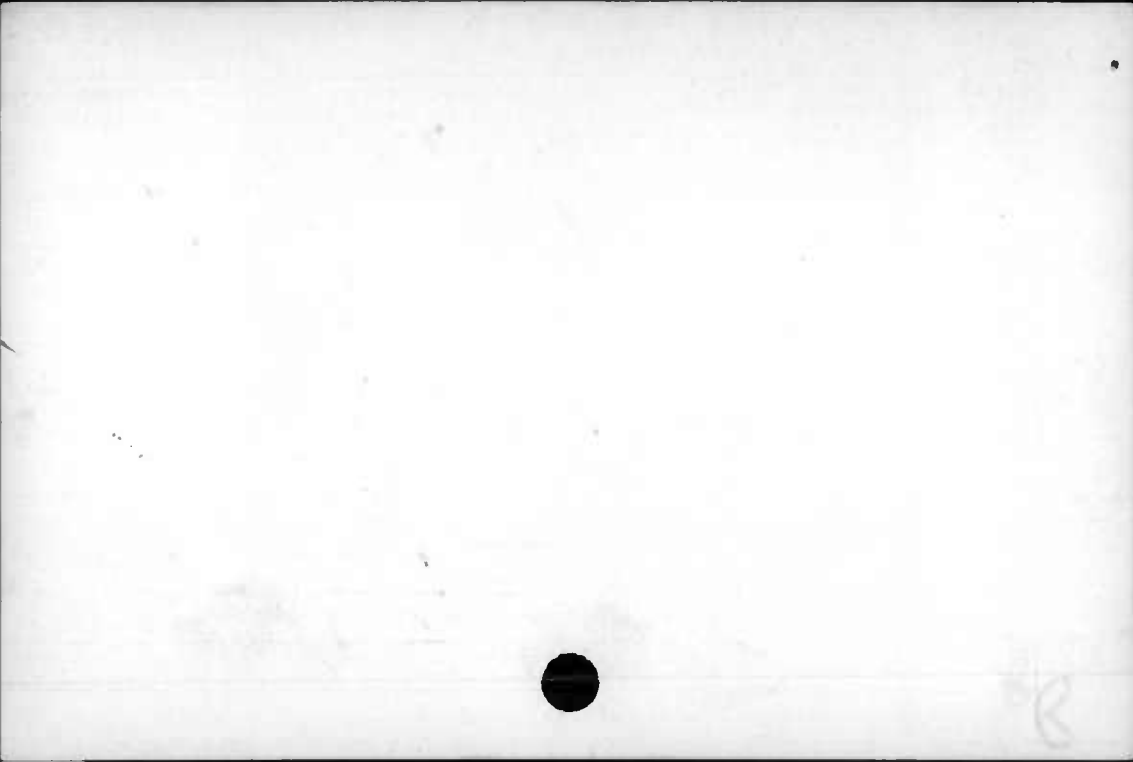
*yes.*

Signature of Physician

Address

*J. B. Johnson M.D.*  
*Induct Ind.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Name *Emma Secretia West*  
 Town *Sabillasville* County *Fredrick*  
 Died at *Sabillasville* *Fredrick* *MARYLAND*

Date of death *1907* Month *Jan* Day *24* Age *26* Years *26* Months *1* Days *18*

Sex *Female* Color or Race *White* Birthplace *Fredrick Co Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Charles West*

Father's Name *Clayton Shuff* Father's Birthplace *Fredrick Co Md*

Mother's Maiden Name *Sarah A. Torrat* Mother's Birthplace *Fredrick Co Md*

Name of person giving information *Clayton Shuff* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *2 years*

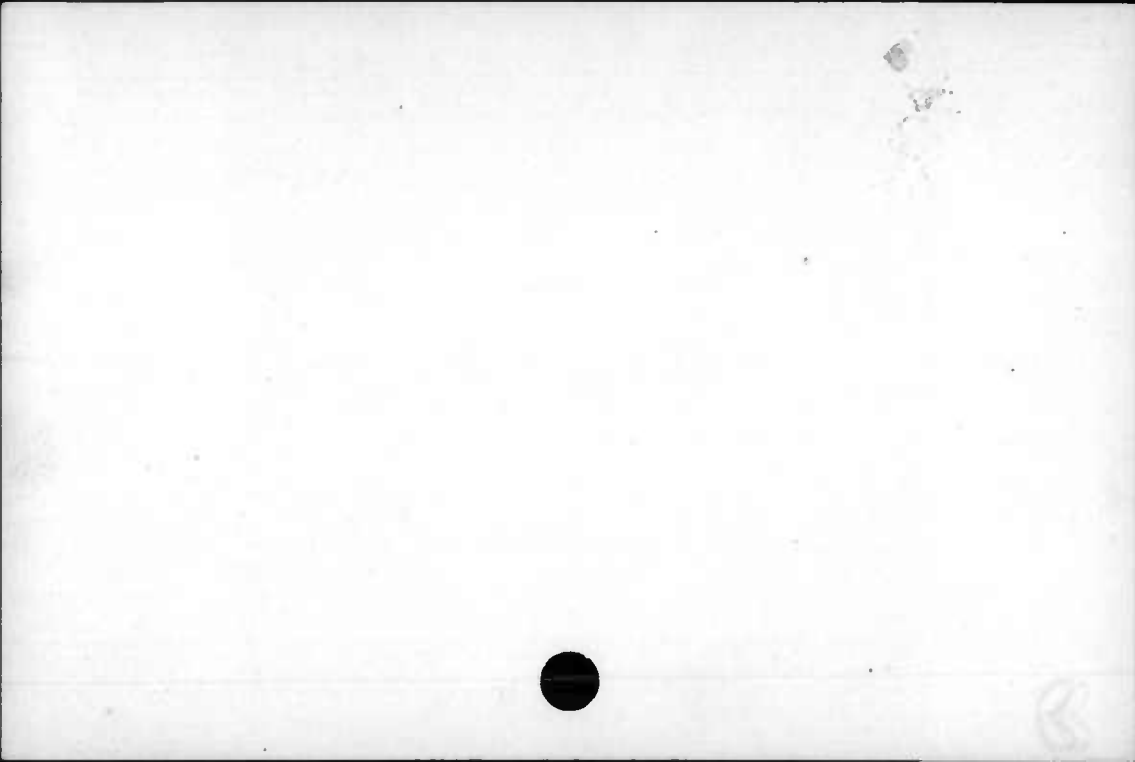
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. C. Kefauver*


Address *Shurdown Md*

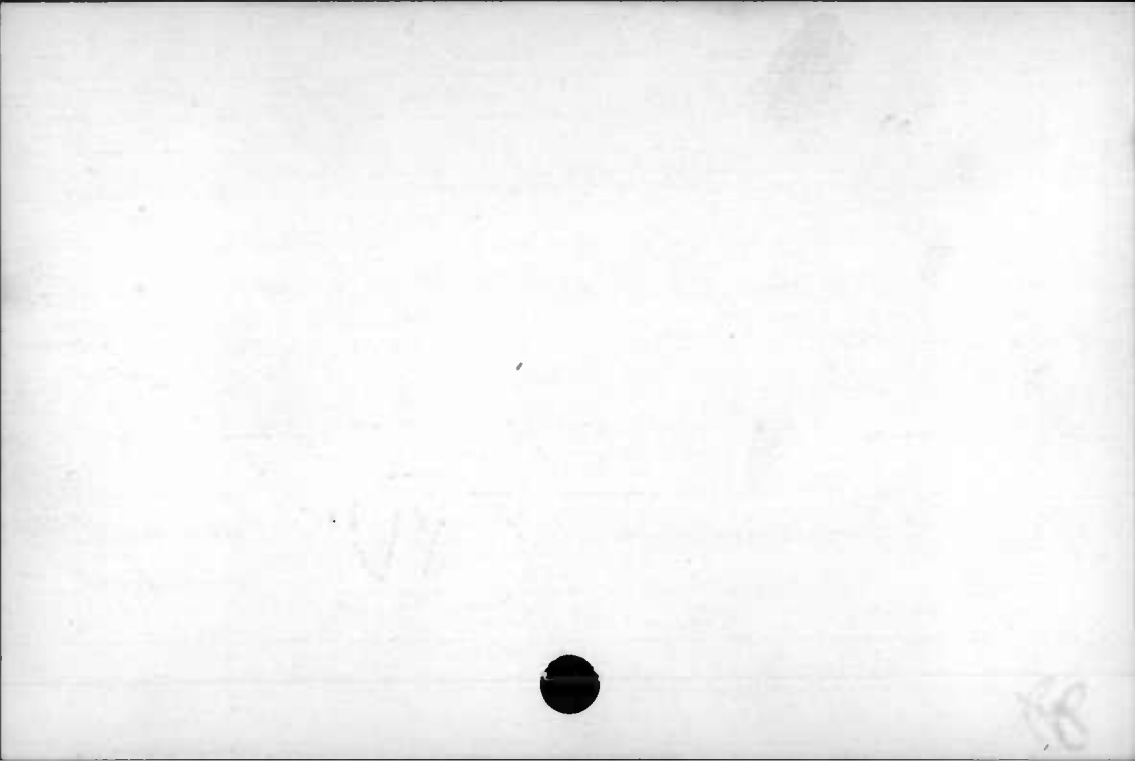
Accident or Suicide? *—*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		Zacharias Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Montrose Hospital		County Frederick		MARYLAND
	Date of death		1907	Month 1	Day 25	Age 40	Years 2
	Sex Male		Color or Race Black		Birth-place Unknown		
	Occupation Day laborer -		Where Residing if not at place of death Frederick, Md.				
	Married, Single or Widowed Unknown		Name of Wife or Husband Unknown				
	Father's Name Unknown					Father's Birthplace Unknown	
	Mother's Maiden Name Unknown					Mother's Birthplace Unknown	
	Name of person giving information Magistrate Eckstein					How related to deceased Unknown	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Cardiac Dilatation			How long	1 month -
	Immediate		Pulmonary Edema			How long	2 hours -
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			R. S. Lyness			
	Address			Frederick, Md.			
<div style="text-align: center;">  </div>							
Accident or Suicide?							



Name  
in  
Full

Charles Wise

## CERTIFICATE OF DEATH

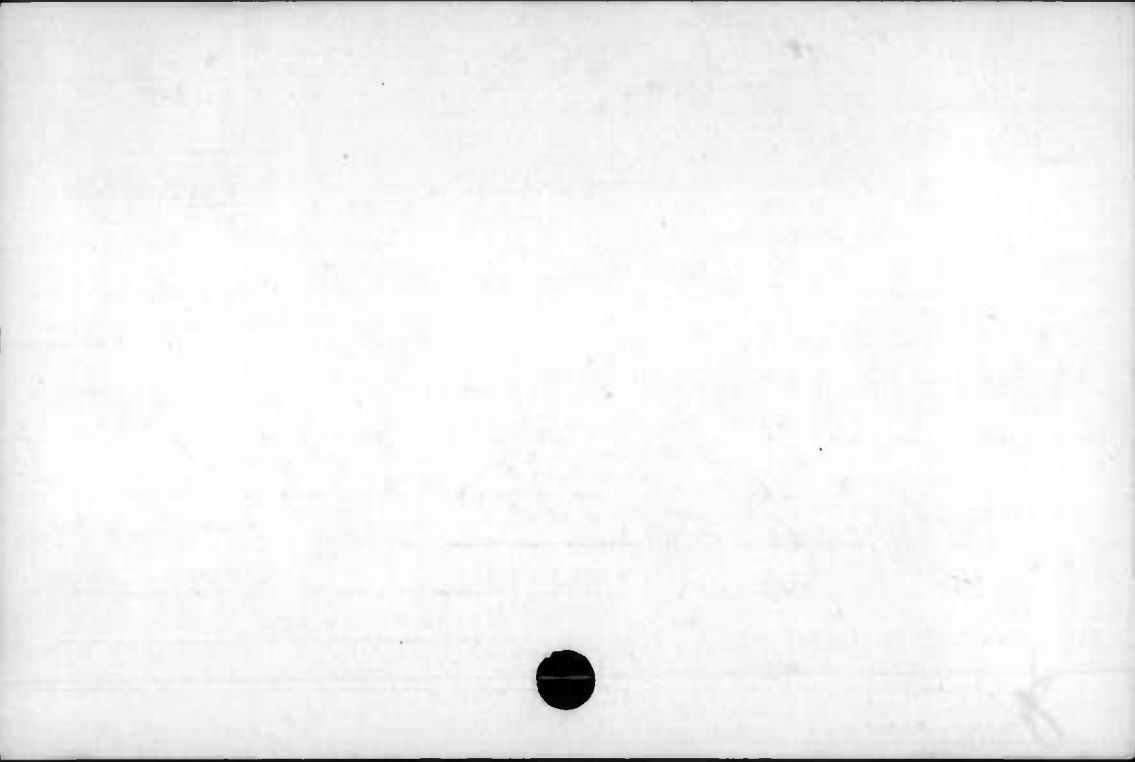
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1907 <i>Jan</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	Age <i>3</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>9</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Frederick</i>
Occupation	<i>—</i>		Where Residing if not at place of death	<i>Same</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Chas. Wise</i>			Father's Birthplace	<i>Frederick</i>
Mother's Maiden Name	<i>Florence Brown</i>			Mother's Birthplace	<i>Frederick</i>
Name of person giving information	<i>Florence Brown</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Trauma</i>	How long	<i>Indefinite</i>
Immediate	<i>Convulsion</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. H. G. Browne</i>
		Address	<i>Frederick, Md</i>
Accident or Suicide?	<i>—</i>		



Name  
in  
Full

E. Joshua Zimmerman

## CERTIFICATE OF DEATH

Town

County

Died Near Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

1

4

Age

75

3

22

Sex

Male

Color or  
Race

White

Birth-  
place

F. Co. Md

Occupation

Farmer

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Mary Ann Wachter

Father's  
Name

Jacob Zimmerman

Father's  
Birthplace

F. Co Md

Mother's  
Maiden Name

Barbara Stull

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Edw. J. Zimmerman

How related  
deceased

Son

## CAUSES OF DEATH

Primary

Serious, acute Indigestion 2 Hours

How long

Immediate

Cardiac Paralysis

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Frank Hecker  
Frederick

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

29

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Mary Ann Zimmerman*  
Town *Brookdale* County *Frederick*

MARYLAND

Died at  
Date of death **1907** Jan 3d Age 74 Months 9 Days 23

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *H. W.* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joshua E Zimmerman*

Father's Name *Philip Wachter* Father's Birthplace *Ind*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Senility* How long *11/2*  
Immediate *Heart Shock* How long *One week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank Hughes*  
Address *Frederick*

Accident or Suicide?

Pleasant Hill